	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENB	Ü REG. N	10.	8	i	9	6
MIDDLE	LAST	2a DATE	OF DEATH		DAY	YEAR	1 2h	HOUR

	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	REG. N	8	7	0
	1. DEC	CEASED NAME FIRST Charlotte (A		tie) Ada		kinson	20 DATE OF DEATH			AM M
	3 SEX	Female	4 RACE Cauc	•	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS		UNDER 24 HRS OURS MIN
1	CC	ount Virginia	U.S		WIDOWE		9 BALTIMORE CITY C			MD.
0	На	acks Point	66 Be	echview	Ave	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Homemak	OF WORKING LIFE) INDL	IND OF BUSTRY	USINESSOR
5	130 S Ma		Cil	Hacks	Poin			hview Av	e.	
0		Walter	AIDDLE	Norve:		Lacuy	MIDDLE		IAST	
	16a. W {Y	VAS DECEASED EVER IN U.S. ARAYES, NO GRUNKNOWN) (IF YES, GIVE		219-56-		Claude Adl	kinson -h		(sam	ne)
	NO	Conditions, if any, which gove rise to immediate couse 10, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT C Bed fast for	DUE TO, O (b) DUE TO, O	Pulmonary R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D CS, SEVERE	NCE OF		INALDISEASE OR CON LOSCLETOSIS	Diyon Giyen in Pr	10 m	inutes rioscler
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOW	OSÍS , SET 20b. IF YES, WERE I IN CERTIFYING CA YES	INDINGS AUSES OF	USED DEATH?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A P.,	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PA	ART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK		REET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TO			STATE
		220.1 certify that (1) the book sow the deceased alive on above, (1) (2) (did)	Priest The Body	ulgur .		nd that in (my) () opinion of DEGREE ATTENDING PHYSICIAN [to 20 Jul death accurred on the d MEDICAL STA DIRECTOR PHYSIC	Iste and hour and fra	m the cou	
	(5	urial, cremation, removal Specify Burial	236. DATE 7-23-			emetery or crematory tephen's			cil	STATE MD
		Neral director Lw. Fellows a	nd Son	Millin	gton	MD 21641	REC'D, BY REGISTRAR	256. REGISTRAR'S SI	GNATURE	andy.

DHMH - 16 50M 1/76 (VR A 15 (4))

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The state of the control of the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. retained by the hospital or offending physician.

notified or once

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other froumotic event, the medical exam

STATE OF MARYLAND

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1 -	STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC				T years
I. DE	CEASED NAME FIRST	WIOOLE	L	AST	REG. N	MONTH DAY	Y YEAR	2b. HOUR TO
(TYPE	Elizabeth	Loller	Alder	son	July 17	XXXX,	1980	-
3 SE	·	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	(HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
F	emale	White	Apri	1 23, 1913	67	YRS.	INTHS DAYS	HOURS MIN
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY		F DEATH	
M	aryland	U.S.A.	WIDOWE		Cecil			MD.
	ty or town of death Lkton	11. NAME OF HOSPITAL, NU JIF NOT IN SUCH FACILITY, GIVE S' UNION HOSPI	RSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake)	OF WORKING LIFE)		F BUSINESS OR
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR 13b COUN Cec.	ITY 13c. CITY OR 1	TOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS Earleton	Villag	e 219	913
14 FA	James	MIDDLE LAST		15. MOTHER'S MAIDEN NA FIRST FIRST	MIDDLE	Craig	LAS	
16a. V	VAS DECEASED EVER IN U.S. ARI	WAR OR DATES!		Marjorie Fos	ADDR	wark	Del. 1	9713
,	no	220-14-	-1656	Marjorie Fos	ster 18 Knic	kerboc		
	18 CAUSE OF DEATH Enter on	ly one couse per line for (o), (b	, ond (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	E CAUSE (a) Anter	ior myoc	ardial infar	ction		12	hours
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO OR AS A CONSE	iosclero	tic Heart dis	sease,			
NO	PART 2 OTHER SIGNIFICANT COPD.	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN	V IN PART 10	0
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN ING CAUSES	NGS USED OF DEATH?
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR					-#
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION STREET	CITY OR TO	νN	COUNTY	STATE
	220.1 certify that (1) (this hoped sow the deceased alive on above, (1) (aut) (did) (did)	17 July	19 <u>80</u> , on	d that in (my) (opinion	, 10	-	ond from the	
	22b. SIGNATURA LA LOL 22d. PHYSICIAN'S NAME (TYPE OF	herchain	mi	ATTENDING PHYSICIAN	MEDICAL STA		22 c. DATE 18	July 80
	Wallace Obe:			Secilton,	Md. 21913	4.0	L L	
23a. E	URIAL CREMATION REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	CI	OUNTY	STATE
	Burial	7-20-80	Cecilt	on Cem.	Cecilton		ecil	MD
	INERAL DIRECTOR NAME Ward Fellows	& Son Mill	s 2	21651 250.91	FRECID BY REGISTRAR		AR'S SIGNAT	
	THUS OF T CITTONS	CO COLL STITUTE	TITE OUT	LelkLe			7	

DHMH - 16 50M 1/76 (VR A 15 (4))

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0	1.	FOR - STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	8 1 9 8
2		CEASED NAME FIRST KATH	LEEN Jessica	APPENFELDER	JULY 18,	1980 YEAR 26 HOUR 8:30A
	3. SE	remale.	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 2 1894	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
in 72 hou of once.	70. B	ARTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COU	
by the furilled with		erry Point	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE VA Medical Ce	SING HOME OR OTHER INSTITUTION LET ADDRESS) TEET	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ng life 12b. KIND OF BUSINESS OF INDUSTRY School
filled in hould be	130. S	ish. D. C. D.C.	ROTHER INSTITUTION, GIVE RESIDENCE BEF XTY 131, CITY OR TO Was. nine	gton 13d. INSIDE CITY LIMITS?	4621 Eastern A	
ompletely 1 and 2 sh 1 examiner		Frederick	Alfred Appent			ullivan tast
on ond co	160. (WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (JEYES, GLYI	EMAROR DATES 215 54		Point Records,	
ing physici rbonpoper r removol.		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), (D) BY TE CAUSE (o)	Hemopericardiu	m, massive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
e ottending nove corbo notion, or r troumotic		Konditions, if ony, which	DUE TO, OR AS A CONSEC	Rupture of hea	rt	
by the ose rer I, crem other		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF ARTERIO	DUENCE OF CORONARY	artery disease	
signed Then plee to burio njury, or	NO	PART 2. OTHER SIGNIFICANT (ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
permit permit ene prior	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES 10 NO 1
certificate priol-transit tental Hygie ttem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART I OR PART 2)
fer this os the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: Affor use of Health		sow the deceased alive on	tol) ottended the deceosed from T111 y 18 19 I view the body diter death.	December 7, 1979 80, and that in Max (our) opinio		8, 19 80 , that (we) lo
y the hosp by the hosp RAL DIRECT detoched for tote Dept o		226. SIGNATURE	Jooney m		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7-18-80
retoined by the TO FUNERAL I should be deto with the State [IMPORTANT: If		A. L. MOEN		VAMC, Perry	Point, Marylar	ıd
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Runial		NAME OF CEMETERY OR CREMATORY (ulpeper National Ce	em Culpenen	ulpeper. Va
- 16 50M 7/77 R A 15 (4))	1	Lee A. Fatterson	n 8 Son, Perryv		ATE REC'D. BY REGISTRAR 256. RE	GISTRARS SIGNATURE

STATE OF MARYLAND

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Total form: The Lotal Victor Victor Community Form: The Lotal Section Victor Community Communi			700	2	J.;	7	
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			re grane too at				
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		erent v					

100			CEASED NAME	FIRST		MIDDLE	ſ	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(18K)	1	(TYPE	OR PRINT)	Virgi	inia	L	Bai	ndy		07 1	4 80	6:30A
231	7	3. SE	(4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
سقية	-		female		white	9	05	22 DAY 13	67	YRS.	MONTHS DAYS	HOURS MI
Non	50-		RTHPLACE (STATE OR F	Dreign	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
6.72	183		Virginia		USA		WIDOWE		Cecil			
4	9		TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS
pell	1 Petiti		Elkton			Hospita		Cecil County	Practica		rse	
pe 1	t pe	USU.	AL RESIDENCE (# NUR	ING HOME OR	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
	50 F		Md.	13b COUN	cil	Elkto	n	YES NO X	Pine Gro	ve Tr	n. Apr.	5
7 311	ac .	14 F/	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA			1.4	ST
D L a	270		Josep			Holbro	oks	Laura			Smi	th
	dicok		VAS DECEASED EVER	IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS El	kton, M	d.
	med	,	No	(# 123, 0.12	WAII ON DATES	212-22-8	3666	Jimmey E.E	Beavers 22	05 0	ldfiel	d Pt.
i a	t, the		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line for (a), (b), an			,	_	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEA
emo	even		PART I. DEATH W		D BY: E CAUSE (a)/	nelasti	4770	ADENO CANCIO	10mg (con	6.	6m	on hi.
orn	ofic		1659		DUE TO, O	R AS A CONSEQUE	NCE OF					
fion,	E O O		Conditions, if ony		(b)_							
remo	tr tr		gave rise to imi cause (a), statii	ng the	DUE TO, O	r as a conseque	NCE OF					
eose ol. c	to ro		underlying couse	last	(c)							
bur bur	ury,	z	PART 2 OTHER SIG	VIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	minal disease or con	DITION G	IVEN IN PART 1	01
it. Th	2	CERTIFICATION	190 DATE OF OPERA	TION	10h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20h IF Y	ES, WERE FINDI	NGSTISED
ne pr	27	FIC	148 DATE OF OPERA	11014	176 COND	THORY TOR WITHER	OFERATIO	IN WAS FERI ORMED		IN CERT	IFYING CAUSES	OF DEATH?
Hygiel	of Co	E	21g. ACCIDENT WAS UN	DERLYING T	1 21b TIME C	OF INJURY		21c. HOW INJURY OCCUP			YES	NO 🗌
HIGH	8 H	=	OR CONTRIBUTING	CAUSE OF DEA	J.H	M. MONTH DA						
Men	- t	MEDIC	(IF EITHER, NOTIFY MEDIC			M. OF INJURY	19	21f LOCATION				
puo	o pa	A.		HILE [REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	VN	COUNTY	STATE
olth	m or		22a. I certify that (I)		tal) attended th	ne deceased from		10 70	10 7/13	en	19_80	that (1) (we)
or us	21 is		saw the dereas	ed alive on	110	180 10		nd that in (my) tour) opinion	death occurred on the d	ote and ho	our and from the	
pt.	E		above, (I) (22b. SIGNATURE	did (drd no	ti view the body	ofter death.		DEGREE			ZZC DAYE	SIGNED
e De	=		4	0.1	10	223	m	ATTENDING PHYSICIAN	MEDICAL STA	FF	7/	5/40
Sto	Ž-	1	22d. PHYSICIAN'S N	AME (TYPE O	PRINT)	1		22e ADDRESS	Z DIRECTOR D THIOR		1/1	400
FUr bild t	PORT		LOBERT	1	(324	2-19		719 Bridge	st Fil	ton	Ma	
5he	¥-	220	HIDIAL CREMATION	DEMOVAL	Table DATE		JAME OF C	EMETERY OF CREMATORY	1234 LOCATION	والالالا	ritt.	

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

FOR - STATE

REGISTRAR

DHMH - 16 50M 1/76 (VR A 15 (4))

23c. NAME OF CEMETERY OR CREMATORY

Mt.Pleasant

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23d LOCATION CITY OR TOWN
Lucketts .Loudoun.

REG. NO

126. KIND OF BUSINESS OR

6:30AM

IF UNDER 24 HRS.

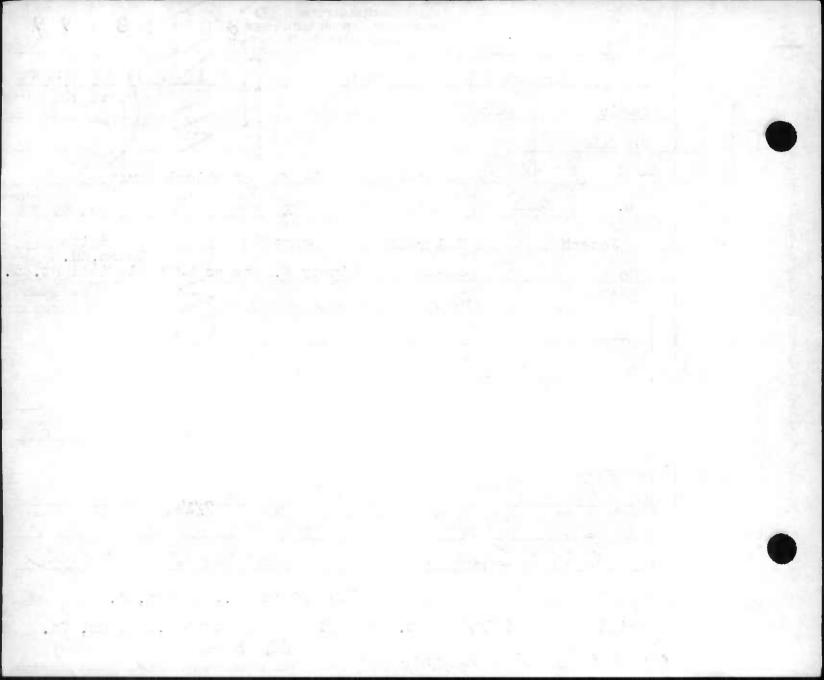
MD.

80_, that (1)-(wee) lost

STATE

Va.

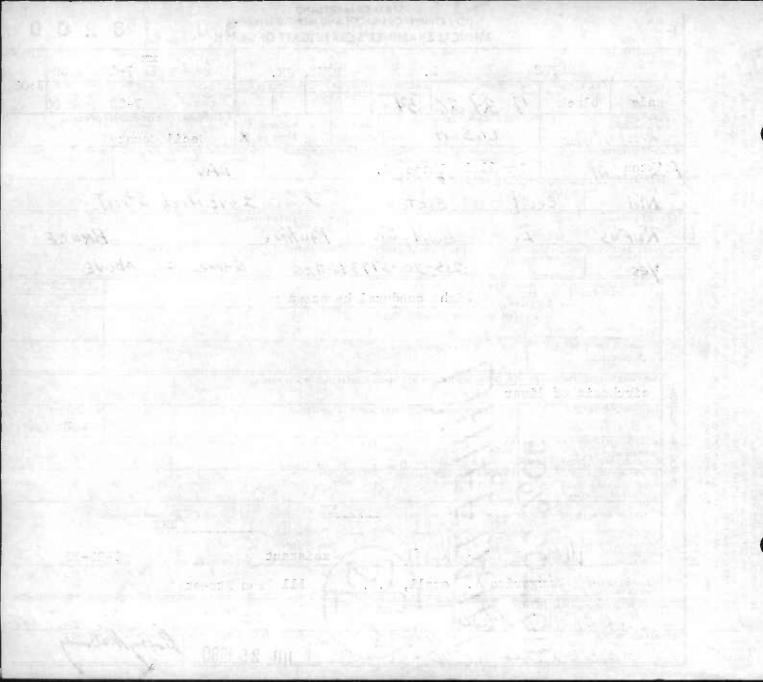
Oldfield Pt.Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mon



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	0	13	0	0
NO	8	2	0	0
NO				

1-	REGISTRAR		MEDICAL EXAMI	NER'S CERTIFICATE O	F DEATH REG.	NO.
	CEASED NAM	AE FIRST RUFUS	MIDDLE L.	POND TD	20. DATE KNOWN OF ESTI- DEATH MATED	7=20 10 80
3. SE	male		S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH	BOND, JR. YEARS IF UNDER 1 YR. IF UNDER 1 (DAY) MONTHS DAYS HOURS YRS.		7=20 19 80 MONTH DAY YEAR 76.3 7-20 39 80
FC	IRTHPLACE (I DREIGN COUNTRY)	yland	U.S. A	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	Cecil	OR COUNTY OF DEATH County
Pe	PRRY PO	int	11. NAME OF HOSPITAL, NURSING HOMES (IF NOT INSUCH FACILITY, GME, STREET ADDRESS HOSPITAL)	,	120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINES OR INDUSTRY
13a. S	Md	13b. COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIT 13c. CITY, OR TOWN CITY OF TOWN	YES NO O	13e STREET ADDRESS . 2396. High	Street
	RUF U	15	LI BOND, -	SR PAULINE	MIDDLE	BRUCE
16a. V	VAS DECEASI ES, NO, OR UNKN	OWN) (IF YES, GIVE W)	AP OP DATES)	5193 Mother	SAME AS	
	gave r	ans, if any, which rise to immediate a) stating the <u>under-</u> ruse last.	(b) DUE TO, OR AS A CONSEQUENCE			
7	gave recause (course (course (course (course)))	rise to immediate a) stating the <u>under-</u> use last. SIGNIFICANT (DNDITIONS CD	(b)	: OF	T 1 (o).	
FICATION	gave recause (collying co	ise to immediate b) stating the <u>under</u> - use last.	(b)	: OF RMINAL DISEASE DR CONDITION GIVEN IN PAR	T 1.(0).	20. AUTOPSY?
CAL CERTIFICATION	gave recause (c lying co	ise to immediate of state of state of state of the state	(b)	EMINAL DISEASE DR CONDITION GIVEN IN PARE ERATION WAS PERFORMED?		YES 🏝 NO
MEDICAL CERTIFICATION	gave recause (c lying co	ise to immediate of stating the under- use last. SIGNIFICANT (DNDITIONS CO HOSIS OF 1 FOPERATION IAL CAUSE WAS G OR ING CAUSE OF DE	(b)	EMINAL DISEASE DR CONDITION GIVEN IN PARE ERATION WAS PERFORMED?		YES NO
MEDICAL CERTIFICATION	gave recovered to the course (course (course) for the course of the cour	ise to immediate of stating the under- use last. SIGNIFICANT (DNDITIDNS OF 1 FOPERATION AL CAUSE WAS G OR ING CAUSE OF DE OCCURRED NOT WHILE AT WORK tify that I toak charge	(b) DUE TO, OR AS A CONSEQUENCE (c) INTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 19b. CONDITION FOR WHICH OP 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	ERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED 211. LOCATION) (ENTER NATURE OF INJURY IN FIEM I CITY OR TOWN	YES TO NO
MEDICAL CERTIFICATION	gave or cause (c. lying co. light co. lying co	ise to immediate of stating the under- use last. SIGNIFICANT (DNDITIDNS OF 1 FOPERATION AL CAUSE WAS G OR ING CAUSE OF DE OCCURRED NOT WHILE AT WORK tify that I toak charge	(b) DUE TO, OR AS A CONSEQUENCE (c) INTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 19b. CONDITION FOR WHICH OP 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	RMINAL DISEASE DR CONDITION GIVEN IN PAR RATION WAS PERFORMED? AR 21c. HOW INJURY OCCURRED 211. LOCATION STREET Autopsy XX, Inspection) (ENTER NATURE OF INJURY IN FIEM I CITY OR TOWN	YES NO
J	PART 2 DTHER S CITT 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. 1 cert death resul ACTUAL STONATURE EXAMINER'S (TYPE OR PR	ise to immediate of stating the under- use last. SIGNIFICANT CONDITIONS CO HOS S OF 1 FOPERATION AL CAUSE WAS G OR ING CAUSE OF DE OCCURRED NOT WHILE AT WORK Lifty that I tack charge ted fram. Natural	(b)	RMINAL DISEASE DR CONDITION GIVEN IN PAR ERATION WAS PERFORMED? 211. LOCATION STREET Autopsy XX, Inspection Foucide	CITY OR TOWN Inquiry	YES NO 18 PART 1 OR PART 2) COUNTY S and in my opinion
23a. B	PART 2 DTHER S CITT 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. 1 cert death resul ACTUAL STONATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT (DNDITIDNS CONTROL OF DEPARTION) AL CAUSE WAS GOR ING CAUSE OF DE OCCURRED NOT WHILE AT WORK SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WHILE AT WORK) SIGNIFICANT (DNDITIDNS CONTROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK) AL CAUSE WAS GORDON (DROL OF DE OCCURRED NOT WORK)	(b)	RATION WAS PERFORMED? 21c. HOW INJURY OCCURRED 211. LOCATION STREET Autopsy XX, Inspection Funcide Homicide ITTLE (SPECIFY) A.D. ASSISTANT M.D. 111 P.	CITY OR TOWN Inquiry MEDICAL EXAMINER enn Street 123d. LOCATION Figure 1000 The control of the contro	YES NO 18 PART 1 OR PART 2) COUNTY S and in my opinion



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ED	ICAL	EXAMINE	R'S CERTIFIC	CATE	OF DE	ATH U	REG. N	1 8	2	U	
F	MIDDLE		Chaney			OF	KNOWN : ESTI- MATED		9	YEAR 19 80	2b. HOUR
H	YEAR 1010	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDE		2c. DATE PRONOUI DEAD	NCED	монтн 7	9	YEAR 80	26. HOUR 8:47P

male Dec 30,1919 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Richard

white

4 RACE

Pennsylvania

10. CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED DIVORCED TX U.S.A. WIDOWED -11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION

120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

Cecil County

E1kton Union Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Cecil

(IF YES, GIVE WAR OR DATES)

W.W.

DATE OF BIRT

13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? E1kton

13e. STREET ADDRESS 236 East Main Street

Musician

MIDDLE FIRST Paul W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

13b. COUNTY

FOR

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

SEX

13a. STATE

Md.

Yes

CERTIFICATION

MEDICAL

14 FATHER'S NAME

166. SOCIAL SECURITY NO 202-09-8709

LAST

Chaney

YES X

NO [

15 MOTHER'S MAIDEN NAME

Ruth

(Sister) Irene Stillman

ADDRESS 13412 New Hamp. Ave., Silver Spring, Md

Music

LAST

Woods

BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Hematemesis from esophageal varices DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.

21e PLACE OF INJURY

STREET, FACTORY, FARM, ETC.)

21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR

19h CONDITION FOR WHICH OPERATION WAS PERFORMED?

71f. LOCATION

Inquiry and in my opinion

STATE COUNTY

20. AUTOPSY?

YES XX

22a. I certify that I took charge of the remains described above, held an death resulted fram: latural couses Accident

Autopsy

TITLE (SPECIFY) Assistant

Inspection

MEDICAL EXAMINER

ADDRESS 111 Penn Street, Balto., MD 21201

Undetermined monner

CITY OR TOWN

July 10, 1980 DATE

EXAMINER'S NAME (TYPE OR PRINT)

ACTUAL

SIGNATURE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

7/14/80

23c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery 23d. LOCATION

Washington, D.C.

Burial 24. FUNERAL DIRECTOR / Rinaldi Funeral Home

210. EXTERNAL CAUSE WAS

21d. INJURY OCCURRED

AT WORK AT MALE

CONTRIBUTING CAUSE OF DEATH

UNDERLYING

Hormez R. Guard, M.D.

11800 N.H. Ave. Silver Spring, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUL 1 5 1980

STATE

DHMH-17 (VR A15 ME (5)) 15M 7/77

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TO HOSPITAL

BA	9	8
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often death. Pege 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction pages should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 mean after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at ance.
O HOS	should b	MPORT

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE REGISTRAR	CARTIFICATE OF DEATH

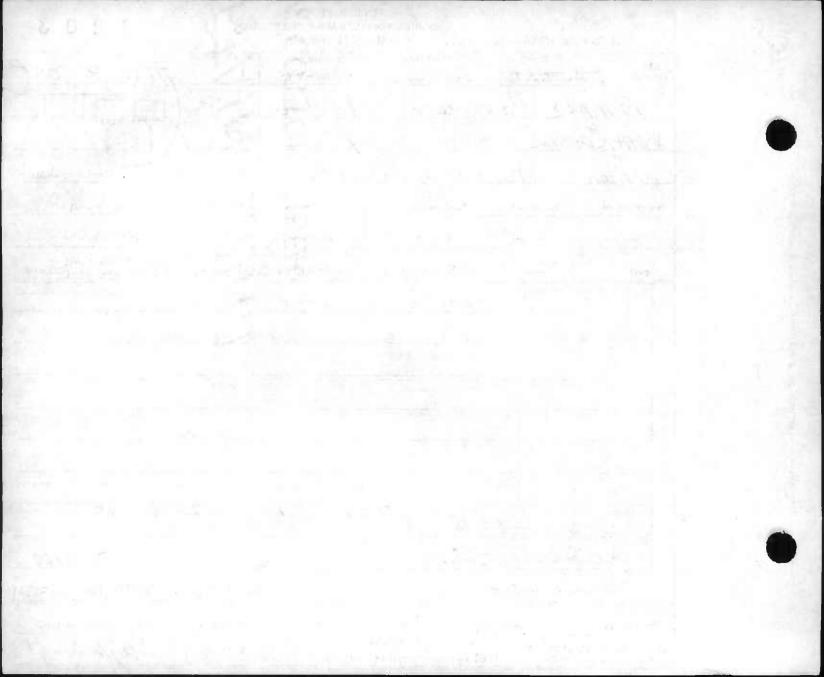
STATE OF MARYLAND	0	0	45	^	-
ARTMENT OF HEALTH AND MENTAL HYGIENE &	U	8	6	U	1
CONTINUATE OF DEATH	REG. NO.	17			

	CEASED NAME	FIRST	N	VIDDLE /	i.	AŠT		20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
(LAN	E OR PRINT)	larence	A C	Martin	Co	ok J	r.		July 3	31 1980	4:35Am
3. SE			RACE	204 9 2.11	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	male		white.		Julu		13	67	YRS.	MONTHS DAYS	HOURS MIN
7a. B	IRTHPLACE (STATE OR FO	DREIGN 7b		WHAT COUNTRY?	8	NEVER M		9. BALTIMORE CITY		OF DEATH	
	Labama		USA		WIDOWE		ORCED [Coci	9		MD.
	ITY OR TOWN OF DEA	ATH 13		OSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OCCUPA	TION		F BUSINESS OR
Pe	rry Point	11		ical Cent		erry Po	int. M	Electri		L) IIIVDOSTKI	
USU 13a.	IAL RESIDENCE (IF NURS	ING HOME OR OTH	HER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION	13d INSIDE CIT		13e. STREET ADDRESS			
	ruland	Monta		Rockvill			NO 🗌	4902 Adri		oot	
14. F	ATHER'S NAME	MIDI	DLE	LAST		15. MOTHER'S	MAIDEN NAM			IAS	
	Clarence		rtin	Cook		Iva		Estel	80	Lange	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMAN	wife	ADDI	RESS		
y	'es	WWII		417 03	4600	Jane S.	Cook	Sam	e as 1	3	
	18 CAUSE OF DEAT			line far (a), (b), an	d (c).	Here:				BETWEEN C	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH W			Cardio r	espir	atory a	rrest				
	4029 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (b) OBS 2nd to brain damage from left cerebral he								emorrha	morrhage	
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								1		
	underlying cause lost (c) Hypertensive cardio-vascular disease										
7	PART 2. OTHER SIGN	VIFICANT CON	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 110	31
CERTIFICATION	Setiz		Tim cours		0050 1710			Too autopsys	Table 15 VE	NAME OF FIRM	100 1005
F S	19a DATE OF OPERA	HON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	WED	200 AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
ERTI	21g. ACCIDENT WAS UND	DEBLYING 🗖	21b. TIME O	FINHIDY		121, HOW INI	LIDY OCCUPE	YES NO		S	NO
	OR CONTRIBUTING	CAUSE OF DEATH			AY YEAR	211.110 44 1143	OKI OCCORK	ED (ENIER NATURE OF IN)	UKT IN HEM 18, P	AKI I OK PAKI 2)	
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23n	BURIAL CREMATION.		23b. DATE	1 234 1	NAME OF C	EMETERY OR C		23d LOCATION	Ly IOI	ire, rid	
2.00.	(SPECIFY)		Aug. 2.					CITY OR TOWN		COUNTY	STATE Md.
24 F	UNERAL DIRECTOR F	rancis	T Co	Prins	M L	ncoln C	250. DATE	REC'D. BY REGISTRA		PH GOO	
	TO Univ. Bl		J. CO.	Silver S	pring	. Md.	AUG	1 1980	perper	y/reco	wdy
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nay page r deoth		PRINT)	FIRST DOR	DS .	DOR	STE S DATE O	EDWARDS	200	DATE OF DEATH	MONTH DAY	VEAR .	505 A
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LAND 2	130 S	THER'S NAME	13 COUNTY	,	BEL A	TOWN	13d INSIDE CITY LIV YES NO 15. MOTHER'S MAI	X	STREET ADDRESS	Toll Gat	E Bosto	1
mary mark		John	MID	(\$/-	Byr	rd	FIRST	KIE	JANE ADDRE		ickbur	.7
TIMORE be executed on and control of states. S. Pages e medico	16a V	VAS DECEASED EVER ES, NO OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)		SECURITY NO. 2-6806	Mrs. Elean		प्राप्त - 43 रेडिया	Kela Tell	marylas	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ratending physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbonpapers-Pages 1 and 2 should be filler th and Mental Hygiene prior to burial, cremation, or removal. The provided or term 18 shows ony injury, or other traumatic event, the medical examiner must be not according to the provider or them.	NOI	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediote ig the lost	DUE TO, O b) 1 DUE TO, O	RAS A CONS	SEQUENCE OF	-ROTIC CA	ARBIU		TL W.C.S.		
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DIVISION OF DIVISION OF UP OF OFFICIAL See of the buriof-the eeith and Mental s morked or frem	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOTIW AT WORK AT WC 22a.l certify that (I)	AL EXAMINER) RED HILE DORK	P. 21e PLACE (AT HOME, ST	M. OF INJURY REET, FACTORY, O	19 FFICE, FARM, ETC.)	21f LOCATION STREET	, fv	CITY OR TO		COUNTY	STATE
O HOSPITAL OR ATTER Province by the hospital TO FUNERAL DIRECTOR should be detached for a with the Stote Dept. of H MPORTANT: if them 21 is		sow the deceos obove, (I) (we) (I 22b. SIGNATURE GULLIN 22d. PHYSICIAN'S N.	J. (did not) of the did not of the d	lujir RINT)	after death.		22e ADDRESS	IDING A	AEDICAL STA	FF CIAN []	22c. DATE S	ST80
reto Sho	_ (Roland URIAL, CREMATION, SPECIFY) Burial		236. DATE July 18		Time to the same of the same o	EMETERY OR CREM.	ATORY	23d LOCATION CITY OR TOWN BEL ATTE HA	0	CO. MATE	STATE
BP	24 FI	UNERAL DIRECTOR DENGMAN WILLIAM TOLLOWING	n Poster	- WiB	rondigne	gs william	is St.	250. DATE RE		25b. REST TRA		IRE



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 10. 1980 SAM FOX JULY H. 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR IF UNDER 24 HRS MONTH OAY YEAR Male White SEPT. 12. 1905 74 7a. BIRTHPLACE ISTATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA WIDOWED Cecil DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hospital Laborer - Keystone Fireworks USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES T NO [56 Keithley Lane Maryland Cec 11 Elkton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Belle Martin Samue 1 Fox lucy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Allie E. Orsborne, Elkton, Md. 233-18-9063 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF CHRONIC OF TRUMOS MINCEDIS. SEVERA Conditions, if ony, which gave rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 90. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive an. ond that in (my) (our) opinion deoth occurred on the date and hour ond from the couses stated above, (I) (we) (did) (did nat) view the bady after death. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING 7-11-80 PHYSICIAN TO DIRECTOR PHYSICIAN 22 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Rolando A. Najera, M.D. 105 E. Main Street, Elkton, Md. 21921 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7/.12/80 Buria1 Elkton Cemetery Elkton. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6 1980

ADDRESS

P.A. ELKTON. MD

for FUNERALS.

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.

FUNERAL DIRECT

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TO FUNERAL DIRECTOR: After this certificate

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ATTENDING

TO HOSPITAL

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	1	FOR . = STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENG U REG. NO.	8 2 0 5
eoth		ECEASED NAME INST	24 N.	GACHINE	20. DATE OF DEATH MONTH	10-80 1145
n offer a	2.5	×F	A PACE	S. DATE OF BIRTH MONTH DAY YEAR 1905	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS M
1/3		SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
Tour live	0 C/	HAPLES 70 WH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY GIVE STREET 25 ACR		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS INDUSTRY
Smuld be	USC 13a.	STATE 13b. COU		VN_ 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 25 LAURA	1 RD
S Dud Z	D 14. F	ATHER'S NAME FIRST PMDREW	MIDDLE WATSON	15. MOTHER'S MAIDEN NA	AME	SEGER
Poges 1		WAS DECEASED EVER IN U.S. AF (YES, NO ORUNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 22/03	1-01	GACHIHE	HARLESTOW
please remove corbon paper urial, crematian, or removal. , or ather traumatic event, th		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	scular & Response	toy Failure - J. Pulm Ede - J.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEZ
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s the buriol-transit to and Mental Hygie rked ar Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED JENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE
d for use o n. of Health m 21 is mo		saw the deceased olive or above, (1 (we) (did)	n 19		deoth accurred on the date and ha	
State Dept.		226. SIGN AT THE	LUTA DE PRINTI	DEGREE ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-11-8
with the		LUIS M.	CYZA, M	D. 322E, Cec	cil are North &	at Md 219

trust	Cura
22d PHYSICIAN'S NAME	(TYPE OR PRINT)

DHMH-16 60M	1/73	

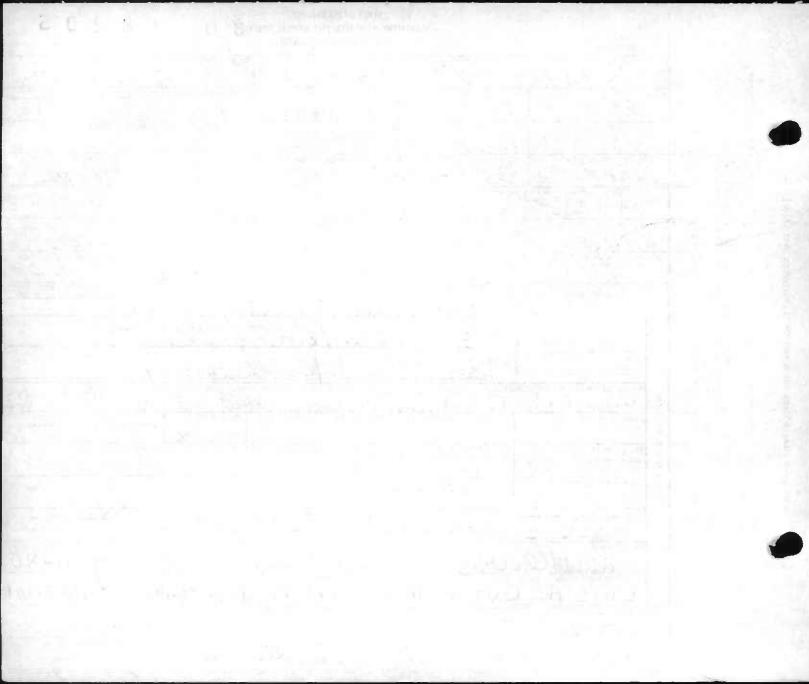
230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE

23d LOCATION

WILMINGTON BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIREC

(VR A 15 (4))



executed within 24 hor

requires that the death certificate be

TENDING PHYSICIAN: The low

HOSPITAL

retained by the hospital or attending physician

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI	ENE 8 0) 8	da .	0 0
	CEASED NAME FIRST		MIDDLE	ſ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(1199)	ANTHONY	DEN	NIS	HAC	CKETT	July 6, 1	980	- 65	1:450 M
3. SE	X	4 RACE	The Board	S. DATE C		6 AGE (IN YEARS LAST BIRT	HOAY) IF UN	OER I YEAR	IF UNDER 24 HRS
Ma	ale	Negro		Mar	ch, 29, 1926	54	YRS.	HS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		BALTIMORE CITY O		DEATH	
C	OUNTRY)	U.S.A		MARRIE	D NEVER MARRIED 🗗	Cecil			MD.
10 C	ITY OR TOWN OF DEATH	1 NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATH			F BUSINESS OR
	erry Point	VA Medi		r Per	ry Point, Md.	Nursery V	vorking (iff)	Nurs	ery
USU 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 130 COU		Give residence before a list. City or town Galena	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS Olivet Hi	111	367	1
	ATHER'S NAME FIRST	WIDDLE	Hackett		IS MOTHER'S MAIDEN NAM FIRST Viola	WIDDLE	Br	isco	51
16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE			
3	YES, NO OR UNKNOWN) (IF YES, GI		172-22-	9139	Wendy Robin	nson, Gal	Lena Mo	1. 21	635
NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O DUE TO, O DUE TO, O (c)		nce of nale nce of re Lu	ilure Ing Disease and NOT RELATED TO THE TERMI	· · · · · · · · · · · · · · · · · · ·		N PART 1(0	n.
TIFICAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	IGS USED OF DEATH?
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINEE	ALIO I	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N C	COUNTY	STATE
	220 I certify that X (this hasp saw the deceased alive a above. (I) (MR) (did) (did) 27b SIGNATURE Partial 22d. PHYSICIAN'S NAME (TYPE) R. SANGAL	n July 6 pt) view the body Sampe OR PRINT)	e deceosed from	3001	nd that in (our) opinion d DEGREE ATTENDING PHYSICIAN 226 ADDRESS	medical star Director Hysic	F IAN []		SIGNED
24.45	Burial, CREMATION, REMOVA SPECIFY Burial UNER CORECTOR INTERIOR CORE I WART	23b. DATE	80 Oli	vet	EMETERY OR CREMATORY Hill Cemeter	23d. LOCATION CITY OR TOWN	coul Ker		STATE Md
E	iward rellows of	s son rui	leral Home	2	Md.	0 1300	1		about 1

Millington,

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral ashould be detached for use as the buriol-transit permit. Then please remove carbonpopers-Pages L and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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IMPORTANT: If them 21 is marked at them 18 shows ony

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		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH, AND MENTAL H	VOIENE & O	8 2 0 7
77	1 -	STATE REGISTRAR	DEI ANT	CERTIFICATE OF DEATH	REG. NO.	
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1		Harry	v Henry	HAHN	July 18 1980	6:10 A
7	3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR.
夏)		Male	White	03 27 26	54 YRS.	
e l		THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
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a ine	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME	LAST
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2 medical		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
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DHMH - 17 (VR A15 ME (5)) 30M 7/73

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

		STATE REGISTRAR		MED	ICAL EX	AMINER'S	CERTIFICATI	E OF D	EATH U RE	G. NO.	8 2	4 0	Ö
		CEASED NAME OR PRINT)	E FIRST		WIDDLE		LAST		20. DATE KNOW		DAY	YEAR	2b. HOUR
	, , , ,	,	James	С.		Halsey	7		DEATH MATE	D 07	04	19 80	7A M
	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR L	AGE (IN YEARS IF U		DER 24 H		MONTH	DAY	YEAR	24 HOUR
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	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP			HER INSTITUTION	120.	USUAL OCCUPATION	TYPE OF WORK	126 KIN	ND OF BU	SINESS
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		18. CAUSE C	OF DEATH (Enter onl	y one cause per line f	or (a), (b), an	d (c).)	10 1	/	110		BETW	PROXIMATE VEEN ONSET	INTERVAL
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FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATOR

REG. NO

11Julv80 Baltimore BP Cremation Havre de Grace, MD Funeral Home (VR A 15 (4))

23b. DATE

DHMH - 16 50M 1/76

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

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OKE, MAKIENIES 21201	executed within 24 hours after demi	and completely filled in by the furnity	dical examiner must be notified at ance.
DISTORAGE OF THE STATE OF THE S	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after details. Fact retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnital director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
STATE OF STA	TO HOSPITAL OR ATTENDING PHYSICIAN: The low recretedined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	21 is marked or Item 18 shaws any in
	TO HOSPITAL OR Al	TO FUNERAL DIRECT Should be detached for with the State Dept.	IMPORTANT: If Item

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 0	1	8 2	. !	0	
		CEASED NAME	FIRST		AIDDLE	Ŀ	AST		MONTH DA	Y YEAR	2b HOUR	-	
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	3. SE:	x		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRT	HOAY)	UNDER 1 YEAR	IF UNDER 24		
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5		Canada	1000	USA		WIDOWE	D DIVORCED	Cecil				MD.	
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1	USU/ 13a S	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFOR		138 INSIDE CITY LIMITS?	13e STREET ADDRESS	- 10				
5	_	ryland	Cec	11	Elkton		YES NO	1950 Old	Elk N	eck Ro	ad		
7	14. FA	ATHER'S NAME FIRST	,	MIODLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	ME		LAS			
10		Henry	-		Herd	May 1	Evangelin		1774	-			
11	16a. V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT	ADDRE	SS				
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9		21g. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	1100000 000	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM II			- [_]		
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		INERAL DIRECTOR	For	In Eunerals	, Elkton	, Md.	25a. DAT	E REC'D. BY REGISTRAR	1	AR'S SIGNATI	JRE		

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Gilofa Manor Manorial Part. "Deter, Md.

		REGISTRAR			IFICATE OF DEATH	REG. NO.	182
		OR PRINT)	•=	IDDIE	Lie Ko	20 DATE OF DEATH MO	ONTH DAY YEAR 26 H
	3. SE	x reorg	4. RACE	5 DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LYFAR IF UN
	F	'emale	Whit		T. 24. 1927	52	YRS. MONTHS DAYS HOUR
ė ,	7g. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY? 8	RIED INEVERMARRIED	9 BALTIMORE CITY OR	
15 E	E	ennsylvania	USA	WIDO	WED DIVORCED	Ceci1	
Populied	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
201	USU	Elkton AL RESIDENCE (IF NURSING HOME		HOSPITAL	ON)	Seamstress	Landenberge
122 F	130 5	STATE 13b CC	Cecil	13c CITY OR TOWN Elkton	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS P.O. Box	063
- Le	_	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	
\$70		Henry	MIDDLE .	Hollada	Estie	WIDDLE	Lee
medicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO	_	ADDRESS	
36		No			Elbert Hick	s, Elkton, Md	APPROXIMATE IN
r other troumotic		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	(b)	AS A CONSEQUENCE OF	od Ovari	an Cano	Cen
injury, or	ATION	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR (c) NT CONDITIONS CO	AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDIT	TION GIVEN IN PART I 10
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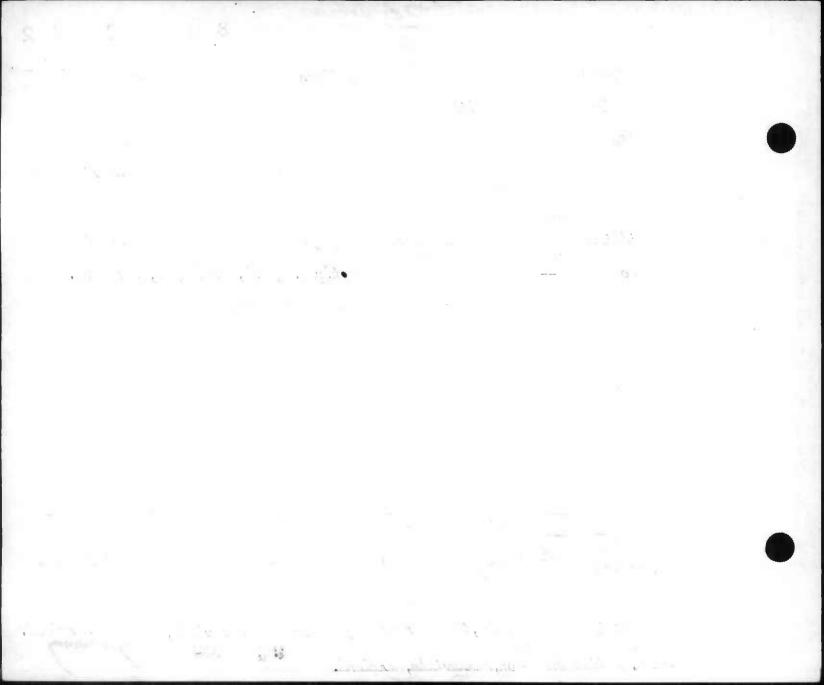
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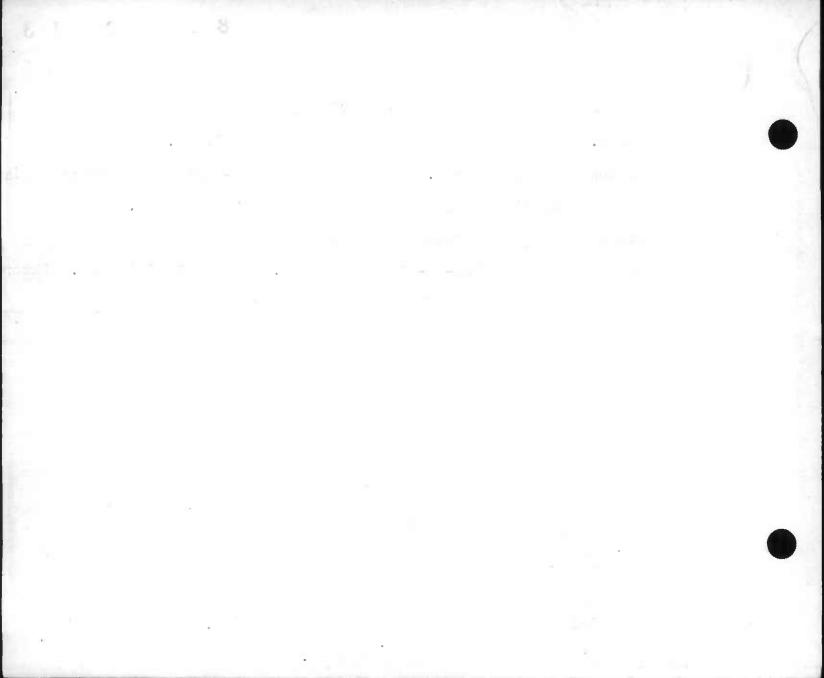
S . William Committee to the state of the st

and the release of the 200 group



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
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§ 600	3. SE	(4 RACE		5 DATE C		FAR	& AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY		R 24 HRS
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		Elkton	Union	Hosp.				Ret-Cler			pper	s Fai
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quires 1 signe Then p 10 bury.	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	HE TERM!	NAL DISEASE OR CON	DITION GIV	EN IN PART	101	
o o o o	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	S, WERE FINDINGS USED				
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TO HOSPITAL of HOSPITAL by the TO FUNERAL IS should be deto with the Store IMPORTANT: If		Judeh	H. /	HIE	1.12.	D //-	ewi	al 1	lel			
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BP	24 5	Burial	7/17/			rbrook	. !!!!			Castle		DE
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(VRA 15, 4) 7/7B		Well J. I'l Con	y (h	2700 Wa	shin	gton St.			-		· ·	



1	STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 8 2 1 4
	TEASED NAME FIRST MIDDLE CORPRINT) JOHN THOMAS KYLE St. 26 DATE OF DEATH MONTH DAY YEAR 26 HOUR 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY) 1. RACE S. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHOAY)
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82 F	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH OUNTRY) Md. U.S. A. WIDOWED DIVORCED
量分人	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
us Us	ALUERT MAI CALUERT MANUR NURSING HOME. FARMER AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDECITY LIMITS? 130 STREET ADDRESS Md. Cecil Rising Cuty Or TOWN 137 NOWN 138 NOWN 139 NOWN 130 NOWN 1
exomine 70	THER'S NAME FIRST MIDDLE MIDDLE MIDDLE MIDDLE TAST MIDDLE TAST
16a	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 340 MONTH OF MEAN 18. NO OR UNIMOWN) (IF YES, GIVE WAR OR OATES) 2/5-32-37/17 TONN T. KULE IT. Rd. RISING SUN
event, the	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN DISET AND DEATH COMMITTED APPROXIMATE INTERVAL BETWEEN DISET BETWEEN DISET APPROXIMATE INTERVAL BETWEEN DISET APPROXIMATE INTERVAL BETWEEN DISET BETWEEN D
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other tro	gove rise to immediate couse (a), stating the underlying couse lost
7, 01	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
8 shows ony injur	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
_ /	210, ACCIDENT WAS UNDERLYING OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH
2	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.) VINITED NOT WHILE COUNTY STATE
N morked	220. I certify that (I) (this hospital) attended the deceased from 1980, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
If Hem 2	obove, [1] (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING AMEDICAL STAFF
MPORTANT: IF	224 PHYSICIAN S NAME (TYPE ADDIN) 229 ADDRESS 229 ADDRESS 229 ADDRESS 229 ADDRESS 229 ADDRESS 220 ADDRESS 220 ADDRESS 220 ADDRESS
230	URIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMERERY OR CREMATORY 23d LOCATION COUNTY, STATE AND LOCATION COUNTY, STATE Md.
2	Mullan Prising S4 N, Md. JUL 9 1980 1980

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							IE OF MAKTLAND					
	1.	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	NO	8	2	5
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YE	AR 2	b HOUR
	(TYPE	OR PRINT)	EMLEY		E.	1	LESTER	JULY	4.	1980	- 1	1:55p
	3. SE.		EMBEL	4 RACE	23 4	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST		# UNDER	YEAR II	F UNDER 24 HE
		Male		Whit	e	SEP	T. 12. 1923	56	YRS		DAYS H	HOURS MIP
		RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	В	ED NEVER MARRIED	9 BALTIMORE CITY			TH	
5	100	st Virgin	ia		USA	WIDOW	_	Cecil				190
1		TY OR TOWN OF D	EATH	(IF NOT IN SL	HOSPITAL, NURSING HOSPITAL, NURSING HEACHTY, GIVE STREET	T ADDRESS]	OR OTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MOS		SLIFE) INDU	STRY	BUSINESS
	ÜSU.		IRSING HOME OF	OTHER INSTITUTIO	N. GIVE RESIDENCE BEFOR	RE ADMISSION	1) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	c		11	
5		ryland	Cec			ast	YES NO NO	Circle A		ot 6		
		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			177	LAST	
10		Amos		MIDDLE	Leste	er	Theresa				LASI	-
1		VAS DECEASED EVE		MED FORCES?			17. INFORMANT	ADI	DRESS	72.3		
		les		II	234-32-7	7138	Mrs. Minnie	D. Lester	, Nor	th Eas	st, I	Md.
					er line for (o), (b), or	nd (c\)				BET	PPROXIMA WEEN ON	TE INTERVAL
		PART I. DEATH		ED BY: TE CAUSE (a)		M	vocardial In	Farction			16	our
		410-		DUE TO (OR AS A CONSEOU	IENCE OF						
	100	Conditions, if or	y, which	(,b)	3K A3 A CO. 13E00	A	yocardial In Interioseleratic A	eart Disc.	416		7 yr	-5
		gove rise to in	mmedipte) 0/=	DR AS A CONSEQU						1	
	101	underlying cou		DOE TO.	JR AS A CONSECU	JENCE OF						
	1	PART 2. OTHER SI	GNIFICANT (CONDITIONS	ONTRIBUTING TO	DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN PA	RT 1(0)	
	NO NO		Perch	ral A.	terio selere	osis :	Pseudo hulba	- Palsy				
_	CERTIFICATION	19a DATE OF OPER	ATION	196 CON	OITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		YES, WERE F		
1	TIF		-			-		YES NO		YES [NO [
0	GE	21a. ACCIDENT WAS L		1 110110	OF INJURY	VEAL	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM	IS, PART I OR PA	RT 2]	7.0
1	N.	OR CONTRIBUTING		AIR	P.M.	AY YEAR	-					
	MEDICAL	21d. INJURY OCCU	IRRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR	TOMBI	COUN,		STATE
	Z	WHILE NOT	WHILE	(AT HOME, S	TREET, FACTORY, OFFICE,	FARM, ETC.)	SINCET	- Citrok	IOWN	COOK		SIAIC
		22a I certify that	(I) (this hospi	ital) attended t	he decgased Irom.		4/25 1980	, to	7/5	£ 19 86) , the	ot (1) (we)
		saw the dece		ot) view the bod	7/1 19	80	and that in (my) (aur) opinion	death occurred on the	dore and I	nour and fro	m the co	uses stated
		226. SIGNATURE	(and) (did no	of view the bod	y over death.		DEGREE			22c.	DATE SH	GNED
		11/0	zus t	4. Hue	bner	MI	ATTENDING PHYSICIAN		TAFF		7/4	1/80
1		22d. PHYSICIAN'S	NAME (TYPE O	OR PRINT)			122e. ADDRESS			ale a	1.	100
-		KL	4451	4. HUE	BNER	3.1)	65 Hilleren	+ Lane A	lort4.	East	Hd	-
-	230	SURIAL CREMATION				NAME OF	CEMETERY OR CREMATORY	23d LOCATION				
		SPECIFY)	T, REMOVAL	230. DATE	230.	TATIL OI	CEMETER OR CREMATOR	CITY OR TOWN		COUNTY		STATE

7/8/80

HICKS HOME for FUNERALS, P.A. ELKTON, MD.

North East Methodist Cemetery, North East, File Williams Last Bright Last Barres Signature

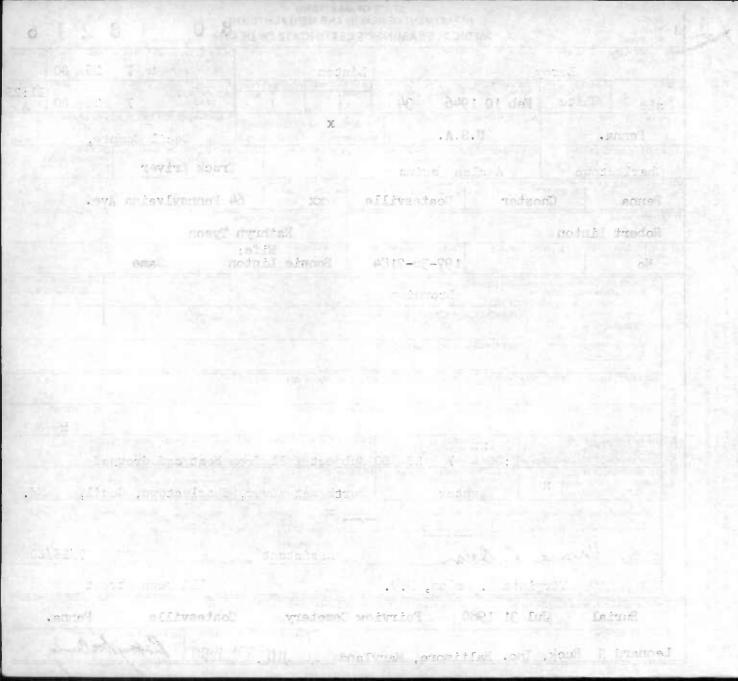
Cemetery, North East, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial 24. FUNERAL DIRECTOR

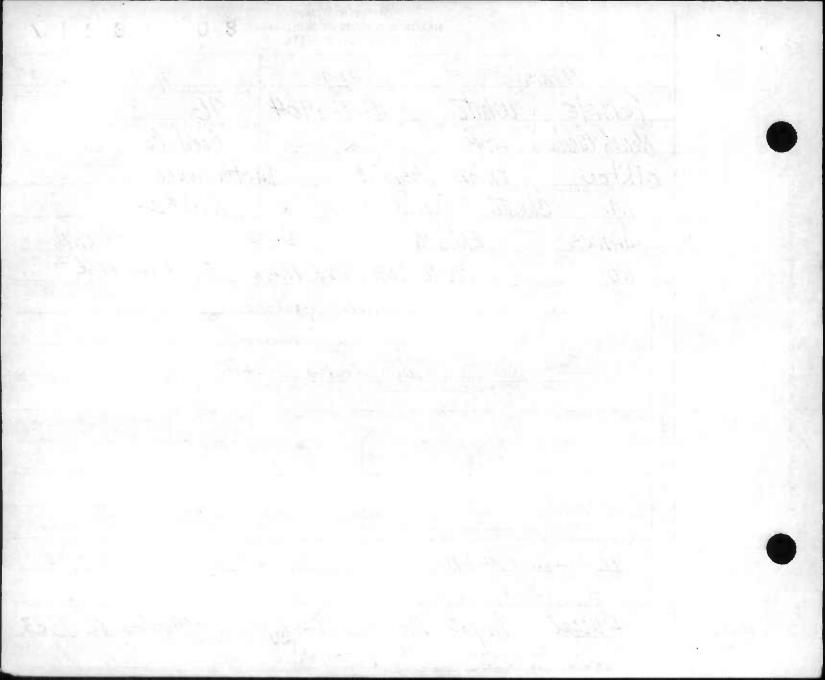
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L. Laurer, Hortz East, Md.		.C-ACS 11 No. 1	89
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V	12		FOR STATE				MENT OF H	EALTH	AARYLAND I AND MENTAL H CERTIFICATE O		0	1 8	21	6
1	1		REGISTRAR CEASED NAM	F FIRST		MIDDLE	EXAMIN	EK 2 C	LAST		REG. NO		DAY YEAR	la uous
	military and		E OR PRINT)					т.:		0	E KNOWN ESTI-		26 19 80	
6	ALLES PEET	3. SEX	(Lero	5. DATE OF BIRTH		6. AGE (IN YEAR		nton DER 1 YR. IF UNDER :			MONTH	DAY YEAR	
(M	272 E		ale	White	Feb 10 19		34 YRS	() MONT		MIN. PRONC	AD	7	28 19 80	111:2
•	WITH WITH	FO	RTHPLACE (S REIGN COUNTRY) Penns	a. /	76. CITIZEN OF WHA	A.	ITRY?	8. MARRI WIDOW	ED NEVER MARRIE	:D 🗆	MORE CITY O	Count	ty,	MD
	PAGE PAGE S. BillED S. BillED		ty or town Charles	stown	11. NAME OF HOSP (IF NOT IN SUCH FACE Avalo	n Ma	arina		ER INSTITUTION	12a. USUAL OC FOR MOST OF V	CUPATION (TYPE YORKING (IFF) K Drive	r 1	2b. KIND OF B OR INDUS	SUSINESS
21201	2, AND 3 TO 3. RETAIN PSHOULD BE NI RECORDS	USUA 13a. S		(IE IN UNESING HOME O	r other institution, give TY Lester	13c. CITY	OR TOWN	le	13d INSIDE CITY LIMITS? YES INO	13e STREET ADI	nnsylva	ina A	ve.	15 10
E, MD. 2	PW SATH	14. FA	Robert		MIDDLE		LAST		15. MOTHER'S MAIDEI	nname ryn Tys	MIDDLE		LAST	
BALTIMORE, MD.	AFTER IVE PA ISION	16a. V (Y	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. ARA			-36-718		Bonnie Li	ife: inton	ADDRESS Sa			
301 W. PRESTON ST.,	EXECUTED WITHIN 24 HOL NG" IN PENCIL IN ITEM 18 NGALE EXAMINER ALONG A BURIAL-TRANSIT PERMIT. 14 AND MENTAL HYGIENE, ITION, OR REMOVAL.	N	Condition gave ri couse (o) lying cau	IMMEDIAT IMMEDIAT Ins., if any, which se to immediate stating the <u>under-</u> use last.	(b)DUE TO, OR A	Dro S A CON	OWNING NSEQUENCE O	F	OR CONDITION GIVEN IN PAR	J 1 (a).			SETWEEN ONS	ATE INTERVAL SET AND DEATH
AL RECO	0 0/11	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITIO	ON FOR	WHICH OPERA	TION W	AS PERFORMED?	-			20. AUTOPS	Υ?
DIVISION OF VITAL RECORDS,	ERTIFICATE S NG THE WO ED TO THE SHOULD BE EPARTMENT HOR TO BURI.	MEDICAL CERTIF	UNDERLYING CONTRIBUTION 21d. INJURY C	NG CAUSE OF D	21e. PLACE OF STREET, FACTO	7 INJURY	DAY YEAR 2819 80 (AT HOME,	O Su	bject fell CATION TREET Theast Riv	from bo	at and	drown	ed	STATE Md.
•	TO MEDICAL EXAMINER: THIS C EXECUTE THE CENTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND-21201 PR	4	220. I certi , death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	Vugue	e of the remoins descr of couses :	Accident	X, Suid	м	NY INSPECTION Homicide TITLE (SPECIFY) D. Assistant	Undetermined	monner ,	DATE SIGNED	7/28	8/80
	TO FULL BALTIN	23e.Bl	URIAL, CREMA PECIFY) Bur	TION, REMOVAL 23	in 31 1980) 23c. N	Fairv	ETERY O	Cemetery	23d. LOCATIO CITY CR TOWN	esville	COUNT	Penna	STATE A.
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		NERAL DIRECT		Inc. Bal	timo	re Mar	wlan		EC'D. BY REGIS	- 0		SNATURE Ke Grand	4



	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		EG. NO.	8 2	1	7
	I. DE	CEASED NAME FIRST MAN	ie A.	MAIN	20 DATE OF DEA	TH MONTH	8/80	26 HO	O A
rects offer	3. SE	female	White	S DATE OF BIRTH MONTH 4-9-1904	6 AGE (IN YEARS LA	YRS.	MONTHS DAY		MIN
funeral di ithin 72 ha		North Carolina	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED	Coc	TY OR COUNT			MD.
by the	1	EIKTON	(IF NOT IN SUCH FACILITY, GIVE STREET	Spilal lu	Charleston At a	UPATION MOST OF WORKING LI		OF BUSIN	IESS OR
should be f	13a	AL RESIDENCE (IF NURSING HOMEOR O STATE	STU 130 CITY OR TOWN STU 130 CITY OR TOWN	N 134 INSIDE CITY LIMITS?	13e STREET SOOR	7. #2		_ 11	
ompletely ond 2 s		JAMES	Eldroth	15 MOTHER'S MAIDEN NAI	A .ME		HAR	RIS	
on and comps. Pages I on	160	WAS DECEASED EVER IN U.S. ARM (YES, NO 91 (VIKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECULAR OR DATES) 116-20-	6231 Fred MAI	N Or	IN RE	- 193	63	
g physici onpaper emaval. event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	esperatory failer	re .		BETWEE	DXIMATE INT N ONSET AN	ERVAL ID DEATH
ottendin ove corb otian, ar- roumotic		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OR Spuation y muc	ess				
d by the leose rem ial, cremo or other t		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	FICE OF Tropes + Ser	relity.				
n signe Then p r ta bur injury,	NOI	PART 2 OTHER SIGNIFICANT CO			INAL DISPASE OR				
os pos pos pos pos pos pos pos pos pos p	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20e AUTOPSY YES ☐ NO	IN CERTI	S, WERE FIND IFYING CAUS ES	NO NO	ATH?
s certificate h buriol-transit p Mental Hygier ir Item 18 shov		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19 21c. HOW INJURY OCCURI	RED JENTER NATURE E	OF INJURY IN ITEM 18,	PART 1 OR PART 2		
After this e os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CHY	ORTOWN	COUNTY		STATE
far us of He		22a. certify that (I) (this hospito saw the deceased alive an above, (I) (we) (did) (did nat)	July 8. 19	go fand that in (my) (our) apinion	death accurred on	the date and ha	ur and from ti	(1)	(we) lost stated
ERAL DIRECTO e detoched far State Dept. of ANT: If Item 21		226. SIGNATURE JR Lewin	-seth mp	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DA	9/80	1
FUNE FUNE Mild be Norran		228 PHYSICIAN'S NAME (TYPE OR P		M.D NEWS	rek.	Del	,		
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATO	IN LOCATION	Highe	countr fa	193	63
AH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRESS -	P.S. don Survey	EARCU NOOU	TRAR PSE REGIS	TRARSSIGN	ATURE	

(VR A 15 (4) }



	N	100	
	И	1	
1	10	1	

within 24 hours after death. Page

executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	0	1	8	9	1	8
•	•		9	5		9

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	0 24	
. DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Edwar	d !	r i	Malen	ey		July	9 1980	2:30PA
Male Male		Cauca:	sian	5 DATE (6 AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	
a BIRTHPLACE (STAT		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	P BALTIMORE CITY		Y OF DEATH	ME
Elktoi	2	1080 7	enchtown	Noad	or other institution	12a USUAL OCCUPAT (TYPHOF WORK FOR MOST	OF WORKING L	LIFE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (1 130 STATE Maryland	F NURSING HOME OF 13b COUN CCC:	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR LOW TUTAL EL	kton	13d INSIDE CITY LIMITS? YES NOTE	1000 Frenc 13. STREET ADDRESS Medemoys		Road	
4 FATHER'S NAME James		MIDDLE	Maloney		15 MOTHER'S MAIDEN NA	WIDDLE		U (Gracey
6a WAS DECEASED (YES, NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16h SOCIAL SECU		17. INFORMANT	ADDR			-0
no			216-07-	1839	sister -E	lizsabeth Ma	loney	-same	address
PART 2 OTHER	immediate stating the cause last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON			
190 DATE OF O	PERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	IN CERT	S, WERE FIND IFYING CAUSE 'ES	INGS USED S OF DEATH? NO [
OR CONTRIBUTION	AS UNDERLYING C CAUSE OF DEA MEDICAL EXAMINER)			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18.	PART 1 OR PART 2)	
(IF EITHER, NOTIFY 21d INJURY OC WHILE AT WORK	CURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	_	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
sow the de above, (1)	eceased alive an	July 9		Dec 80	nd that in (my) (a pinion o	death accurred on the c	date and ha	, 19 <u>80</u> our and from the	, that (I) (vur) last e causes stated
22b. SIGNATUR	I'S NAME (TYPE O	Ohn	ubaria	m	ATTENDING PHYSICIAN [MEDICAL STA			12 1980
	ce Obens		.D.		Cecilter	n Md			
3a. BURIAL, CREMAT (SPECIFY)	ial	23b. DATE 7-12-(80 B	ethel	Cemetery OR CREMATORY	23d. LOCATION CITY OR TOWN LE SAPEAN E REC'D. BY REGISTRAF		COUNTY	STATE ALL
X	- July	J. T. T.	HOMADPRESS 1	CIL	, M, JUL	2 2 1980	all states	and resemble	tooly

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retained by the hospital or offending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, or ather traumatic event, the medical

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SATURE OF BEING CONTRACTOR

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death certificate

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1118

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

4.3		REGISTRAR		CERTIFICATE OF DE	AIH	REG. NO.		
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DI		DAY YEAR	2b HOUR
	,	HENRIETTA	PL	MCKINNEY		7	4 80	815 M
	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	
		FEMALE	CAUC	MONTH DAY	VEAR 05 74	YRS	MONTHS DAYS	HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	APPIED 9 BALTIMORE	CITY OR COUN	TY OF DEATH	
30		Mo.	USH		ORCED Ce	CIL	(0.	MD.
	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			CUPATION R MOST OF WORKING	12b. KIND (OF BUSINESS OR
101		ELKTON	UNION HOSPITI	AL OF CECIL (COUNTY HOUSE		Hoi	me
5	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			Y LIMITS? 13e STREET ADI	DRESS		
50		mg c	ECIL HORTH &	FAST YES TY	NO 1212	CECIL.	AUE	
	14. F/	ATHER'S NAME	Apple D LAST		MAIDEN NAME	AIDDLE M /	0	AST /
0-10		Charles h	expy ford	Carr.	1e HNN	MCL	IgNIe	
1	16a. \	WAS DECEASED EVER IN U.S. AR/ (YES, NO OF UNKNOWN) (IF YES, GIVE	WAR OR DATES)		1. 1.	ADDRESS	11 -	- 46
		NO	212.32-	3776 (avo/1	4e.H. INVe	1 Not	the	75/1 Md
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), or	nd icil	11750	20 170)	BETWEEN	XIMATE INTERVAL ONSET AND DEATH
			E CAUSE (a) HOULE	my o course	MIT INPAR	MON		
		410-	DUE TO, OR AS A CONSEQU	JENCE OF	UFACLA	-4		
-		Canditians, if any, which gave rise to immediate	(b) 0000N	MICH INS	afficien	0)		
		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF	can his cin	Class an	nec	
	-	BART 2 OTHER SIGNIFICANT	,,		c carbio un		119.	
	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE O	R CONDITION G	IVEN IN PART 1	(a)
73	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFOR	MED 200. AUTOPS		(ES, WERE FIND)	INGS USED
7	HE				YES \ N	IN CERT	TIFYING CAUSES	S OF DEATH?
a	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJU	URY OCCURRED (ENTER NATURE			
7	1	OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D	DAY YEAR				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211, LOCATION				
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.) STREET	CIT	Y OR TOWN	COUNTY	STATE
	33	22a.1 certify that (I) (this hospit	al) attended the deceased from.		19 (v) to	7-8	19 8	that (I) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did not	7 - Q 19_	, and that in (my) (a	our) opinion death occurred o	n the date and ho		1 , 1 ,
		22b. SIGNATURE	/ view the body differ death.	DEGREE			22c. DATE	SIGNED
		greente	· hymni		TENDING MEDICAL TYSICIAN DIRECTOR	STAFF PHYSICIAN []	7/	40/00
		224 PHYSICIAN'S NAME, TYPE OR	PRINT)	22e ADDRESS	- /	THISICIAL .	1./	1/80
1		Vrolando 1	4 Nglera	1051	5 Mais ST	FIA	tou	md.
	23o. E	BURIAL, CREMATION, REMOVAL	23h DATE 23c	NAME OF CEMETERY OR GA	TEMATORY 23d LOCATIO)N (1	1 1
	,	Kuria	7-9-80 5	7 Mous As	VUES KINLI	The Fret	L Jan /	Mid

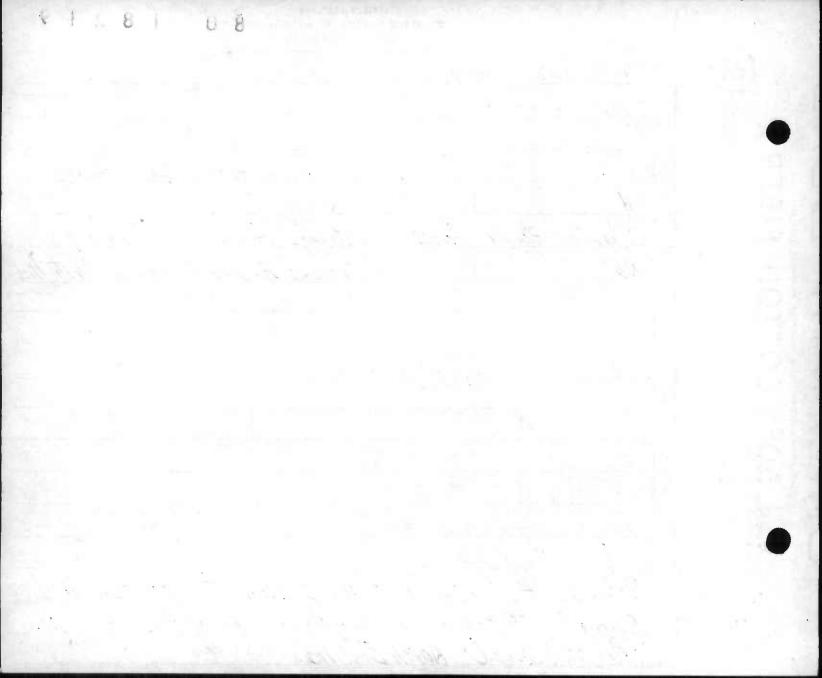
DHMH - 16 60M 7/73 (VR A 15 (4))

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retained by the hospital or attending physician.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL



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and Mental Hygie certificate

Item 18

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should be deto with the Stote I IMPORTANT: II

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDOLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 10:47^p 10 80 O'Neill. Jr. Charles J. 4 RACE 5. DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR 12 Male White 30 40 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. PA. WIDOWED DIVORCED Cecil 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Union Hospital Elkton Laborer Md. Cork Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 134 CITY OR TOWN 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS . Cecil Md. Elkton YES X 100Main Street NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE EIRST FIRST 2 MIDDLE Charles J. O'Neill. Sr. Esworthy Mary Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN LUEYES GIVE WAR OR DATEST 179-22-2380 No Mr. Eugene O'Neill, Coatesville, Pa. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70m AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 71b. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from

19 8 710 saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) after death 22h SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRES 22d. PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY STATE Cratin and Ferris Crematory, West Chester, Pa

GISTRAR 256 REGISTRAR SIGNATURE

STATE

Cremation 24 FUNERAL DIRECTOR

FUNERALS HOME for

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

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hospital DIRECTOR

of the Late towers. Charles assessed the later and the second Trestante . Filed's sement . set Uttatte Steric all respect the street of the mpletely filled in by the toond 2 should be filed with

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γ	FOR	DEPARTMENT O

ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE 💍

11822

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		EASED NAME	FIRST		MIDOLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
/	(TYPE	OR PRINT)	ELMER		P.	R	ICHTER	July 30,	1980		1:13p
	3. SE)	Male		RACE Wh	ite	S. DATE C		6. AGE (IN YEARS LAST BIR	THOAY)	MONTHS DAYS	IF UNDER 24 HR
7	CC	Sh., D.		b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C		Y OF DEATH	,
3	Per	ry Point		VA Me	dical Cen	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Lawyer			OF BUSINESS C
5	13a. S	Md.	RSING HOME OR T	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6007 Bed	ford	Lane	
Ó		THER'S NAME FIRST			chter			Unknown_	500	LA:	ST
2	(Y	/AS DECEASED EVE es, no or unknown) .es		WAR OR DATES)	579-01-3		Joseph W.	Richter,		Same	as Abo
		gove rise to in couse (a), state underlying cou	ing the se lost.	(c)	r as a conseque		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION G	IVEN IN PART 1	(a)
	6										
2	IFICATI	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT	ES, WERE FIND! IFYING CAUSES YES	NGS USED
29	CAL CERTIFICATION	19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING [21b. TIME C			21c. HOW INJURY OCCUR	YES NO NO	IN CERT	TIFÝING CAUSES YES 🔲	NGS USED S OF DEATH?
29	MEDICAL CERTIFICATION	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU WHILE AT WORK	NDERLYING CAUSE OF DEA: ICAL EXAMINER) RRED WHILE VORK	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST	DE INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19	21c HOW INJURY OCCUR 21f LOCATION STREET	YES NO KED (ENTER NATURE OF INJU	JRY IN ITEM 18	FYING CAUSES YES PART I OR PART 2) COUNTY	NGS USED S OF DEATH?
29		21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOTIFY AT WORK 220.1 certify that	NDERLYING CAUSE OF DEA' ICAL EXAMINER) RRED WHILE VORK (this hospit	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST	DE INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.) June	21c HOW INJURY OCCUR	YES NO KED (ENTER NATURE OF INJUNCTION TO	IN CERT	COUNTY 1980 1980 1980 1980 1980	NGS USED 6 OF DEATH? NO STATE
29		21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCU WHILE NOTIFY AT WORK 220.1 certify that	NDERLYING CAUSE OF DEA' ICAL EXAMINER) RRED WHILE VORK (this hospit	21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST	DE INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.) June	21c HOW INJURY OCCUR 21f LOCATION STREET 27 , 19 79	YES NO K RED (ENTER NATURE OF INJU CITY OR TO , to July 30 death accurred on the c	IN CERT	COUNTY 19 80 22c. DATE	NGS USED 6 OF DEATH? NO STATE

TO FUNERAL DIRECTOR: After this

DHMH - 16 50M 7/77 (VR A 15 (4))

certificate has been

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 8-4-80 Burial

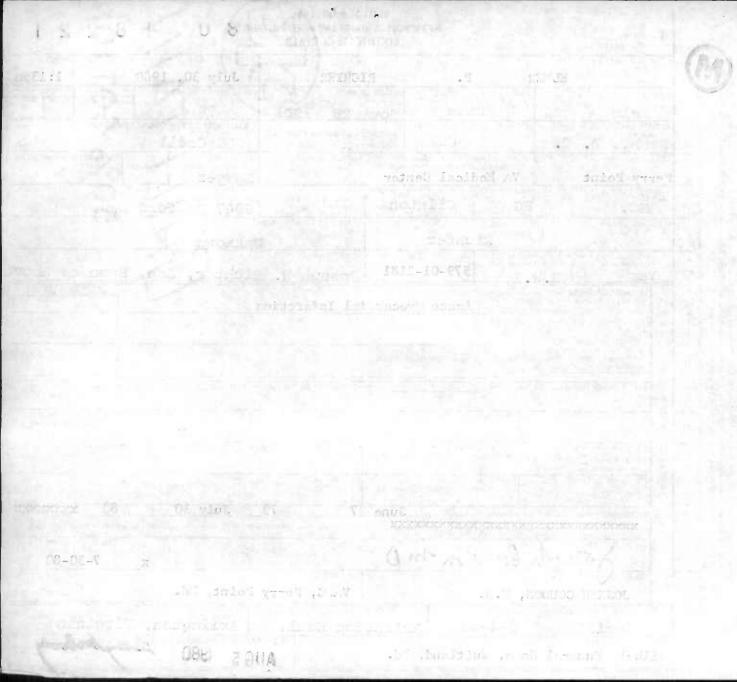
24 FUNERAL DIRECTOR

Wilhelm Funeral Home, Suitland, Md.

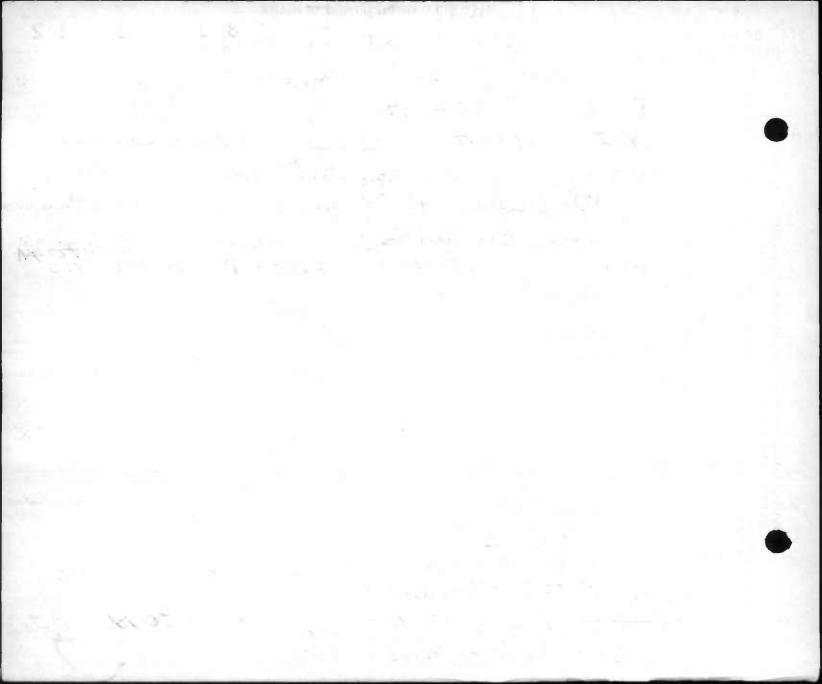
23c NAME OF CEMETERY OR CREMATORY Arlington Natl.

23d. LOCATION
CHYOR TOWN
Arlington, Virginia

BY REGISTRAR 256. REGISTRAR'S SIGNAT 1980 AUG 5

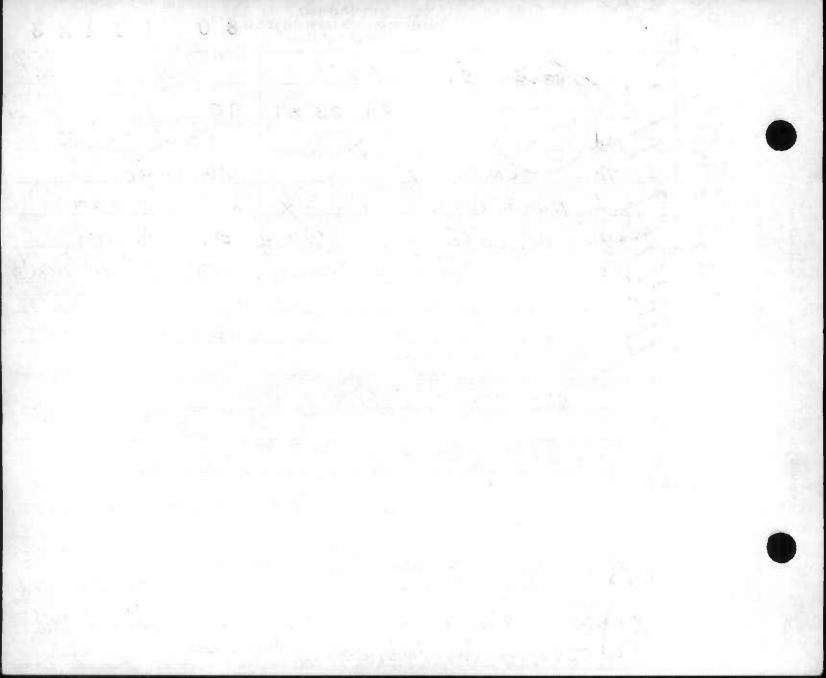


1		MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 0 1 8 2 2 2
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 2b. HOUR
1, 2,		and D. Riggin's DEATH MATED 7 9 1980 7559M
	3. 5	lest birthdey) Months DAYS HOURS MIN Month T Day Q Year 3
Give og		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
18. G	COU	WINDWED NO DIVOPCED I COMPANY OF A STATE OF
ORE, Md. 21201 d within 24 haurs in pencil in Item 18. Giv along with form PM3. F	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital diversity of the property of the
- 4 th	130.	USUAL RESIDENCE (Where deceosed lived, its institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ore, Md. in pencil in along with the Stat		dmission) STATE N.J. 136 COUNTY BELLAND BY ITGETTON YES NO 453 Oakusin Height
MOR in pred with	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
BALTIMO executed ending" in 's Office a	14-	Edgar M. DiBas Elizabeth NMT Holms
er's	100.	WAS DECEASED EVER (U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service)
auld vard vard vard vard vard vard vard var		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL
NST te sh the v the v col Ex		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BETWEEN ONISET AND DEATH 3.0 mulh
STO riffica ring Aedic Medic		DUE TO, OR AS A CONSEQUENCE OF
. PRESTON is certificate e, writing th hief Medica it permit. Fi		rise to immediate cause (o), (0)
This cate the Che Che Che Che Che Che Che Che Che C		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
CORDS, 301 W. PRESTON STREET, EXAMINER: This certificate shauld into the certificate, writing the ward "rwarded to the Chief Medical Examina as a burial-transit permit. File pages eyent within 72 haurs after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RDS AMI the orded a bu	NO	LO DATE OF OPPOATION
RECORDS IL EXAMI ecute the farwardec ed as a bu	CERTIFICATION	196. CONDITION 197. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO NO
FALRE DICAL e execu d be fa e used in any		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)
Please please should be und be und in	MEDICAL	CAUSE OF DEATH P.M. 19
2 × 4 5 1	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not while not while foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No City or Town Could County Stote
DIVISION C TO DEPUTY Ioy is necessary, director. Page 4 files. Tiles.		22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my opinion
TO TO IS ne ector. Ss. NR: Pa		22a. Certify that I taak charge of the remains described abave, held an Autapsy , Inspection Maturol causes , Accident , Suicide , Homicide Undetermined monner
		ACTUAL CHIEF MEDICAL EXAMINER
any unera r you DIR		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
orth. If need for the formed for the		EXAMINER'S NAME (Type) PETER STAURARIC ADDRESS(Street, city, town, or county)
after death. If any de and 3 to the funeral be retained for your TO FUNERAL DIREC prior to burial, crema	230	BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote)
after de and 3 to be retai TO FUN prior to	34	1-3-00 /-3 00 SI MITHEY'S DETRETORY NO.
VR A15ME (5) 8M-1/70	17	FUNERAL DIRECTOR OF CHEROL HOWER CITE AND SO PEGO BY REGISTERS SUPPLY A 1250 PEGO BY REGISTERS
	1	TOTAL TOTAL TOTAL CITY THE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O REG. NO.	8 2 2 3
to the state of th		CEASED NAME OF PRINT	MIDDLE	Sartin	20 DATE OF DEATH MONTH	2/80 805 M
1	3 SE	F	RACE	5. DATE OF BIRTH MONTH DAY YEAR 09 03 89	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
1 35	0	Md	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	OCIL (County MD.
1961	4	ELKTON	(IF NOT IN SUCH FACILITY, GIVE STE	HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF SUSINESS OR INDUSTRY
y filled in should be er must bu	13a. :	AL RESIDENCE (IF NURSING HOME OR OF THE THE PROPERTY OF THE PR	TY 13c. CITY OR TO	TO WAS YES NO		1201
completel		ATHER'S NAME FIRST	200 00 00 00 00	15. MOTHER'S MAIDEN N	B MIDDLE ADDRESS	par
ricon ond correction ond corrections. Poges 1		VAS DECEAGED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 222-2	4-7064 Cara	1. Lartin-Mu	deletoun &
is that the death certificated by the ottending physic lease remove carbompape iol, cremotion, or removal.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.	BY: CAUSE (0) CERE	BROVASCULAR DUENCE OF ROSCLEROTIC VA	ACCIDENT SCULAN DISEASE	BETWEEN ONSET AND DEATH 2 WEEKS YEARS
equires n signe Then p r to bur injury,	NOIT	ASP	IRATION	PWEUMONIA		
The low icion. The low icion. The hos be is permit permit giene print giene giene print giene	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NOW YES	
PHYSICIAN: The ending physicio this certificate the buriol-tronsit and Mental Hygie dor from 18 should be the most buriol to them 18 should be the most buriol than 18 should be the most buriol than 18 should be the most burious than 18 should be the most buriou	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
	WE	WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) this hospite	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
A ATTENDING hospital or off hospital or off RECTOR. After red for use as topt, of Health o em 21 is marke		sow the deceosed olive or obove (II)(we) (did) (did not) 22b. SIGNATURE		70	n deoth occurred on the dote and hour	, 1110 (110) (110)
HOSPITAL OF		Louis 22d. PHYSICIAN'S NAME (TYPE OR	Marzel	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7-17-80
TO HOSPITAL retoined by to TO FUNERAL should be determined with the State IMPORTANT:	23a. E	2001S /	YARZELL 123b. DATE	A 3 MAULD	IN AVE NOR	THEAST ML
BP		Duria C INERAL DIREGIOR	7/16/80	Bethel Com	COLORS OF THE RECESTION	Coul Md.
(VR A 15 (4))		PROTE . X	uchison-1	Reddelaux Ra	NF & T 1380 Week	my Malrody



1	173 . 55			REGISTRAR			CERTIII	CATE OF DEATH	REG. N	0.		
1	(FWE)			CEASED NAME FIRST		WIDDLE	U	AST		MONTH DAY	YEAR 2	N. HOUR
			(1172)	Edwa	4	I S	HEP	HERD		7-10-	80	610
	8 8 2		3. SE		4 RACE		5 DATE O		& AGE (IN YEARS LAST BIRT			# UNDER 24 H
	ge 4 ector			temale	Conce	100i2-s	MONTH 03		84	YRS.	DAYS	HOURS MI
14	P G P	é		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	I.	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	EATH	
	nero n 72	ot or	4.4	Silm Del	U	- 2		DIA DIVORCED	il C	ceil		
	with d		10 C	TY OR TOWN OF DEATH			IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126		BUSINESS
201	rs off by th filed	notified		EKKton	Laure	CH FACILITY, GIVE STREET	Nur	sing Center	TYPE OF WORK FOR MOST O	FWORKING LIFE) IN	H om	e
21	how d in	st be	USU 13a	AL RESIDENCE (IF NURSING HOME COTATE 13b COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE) 13d INSIDE CITY LIMITS?	130 STREET ADDRESS			
S	in 24 h	Ē	,	70	119	North E		YES NO	12 man	siles	O ve	
Ž	2 2 2	e c	I4. F/	THER'S NAME			-,	15. MOTHER'S MAIDEN N	AME	-		
MAR	ed w	exom		John Mc	teer	LAST		Isabelle	Pierce		LAST	
E.	executed and camp	0	160.	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
TIMO	S. Pog	E	1	(IF YES, GIV	E WAR OR DATES)	197-46-2	478	Dorothy A.	Futty No	orth East	t, Md	•
BAL	certificate ng physicii banpaper r removal.	event, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per	r line for (a), (b), and	dicity / T	No.	.4.16.44			ATE INTERVAL
ST.,	g ph onp				TE CAUSE (0)	175	CVI) WITH	MYOCAR	DIAC	YEA	RS
PRESTON		Iraumatic		4776	DUE TO, O	R AS A CONSEQUE	NCE OF	ISCHEMIC	COLITIS	,		
EST	death attendi	900		Conditions, if ony, which	(1b)_	V	ASC	ULITUS				
9	that the d by the ease rem al, cremo	er fi		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCEOF					
5	that d by ease ol, c	i at		underlying couse lost	((c)_							
5, 20	gne gne buri	۳, ٥	_	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(o)	
RD	en sign Then ar to bu	5	CERTIFICATION		1							
EC	ow rmit price	any	3	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDING	S USED
AL R	he in he is he	MDG	E						YES NO D	YES [CAUSES O	NO [
N.	N ysic cate rons Hyg	80		210 ACCIDENT WAS UNDERLYING	J	M. MONTH DA	VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INTUR	Y'IN ITEM 18, PART 1 OF	PART 2)	
9	PHYSICIAN ending phy: this certifice te burial-tro	E /	EDICAL	OR CONTRIBUTING CAUSE OF DE		.M. MONTH DA	19					
O	HYS ding	٥٠	ă	21d INJURY OCCURRED	21e PLACE	OF INJURY =		211 LOCATION				
DIVISION OF VIT		rked	¥	AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET	ETTY OR TOW	in col	UNTY	STATE
	ENDING tal ar att DR After r use as the Health a	E		220.1 certify that (this hosp			JANU	. 17	. 10		(0 , the	o (1) (we) I
	haspital RECTOR	21 :		sow the deceased alive or above (1) (we) (did) (did no	3027 9	19_2	50 . on	d that in (my) (our) apinio	n death accurred on the do	ate and hour and f	rom the co	uses stated
- 4	hed hed ept	E		22h SIGNATURE	. A	A A		DEGREE		2'	2c. DATE SI	GNED
	y the y the RAL D detoc	±] ,	Louis 1	Vacc	ella	M	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN .	SULY	11 10
	OSPII) ned by TUNER Id be the St	ATAN		TIE PHYSICIAN'S NAME (TYPE		2		22e ADDRESS	1 11			
	무를 모음을	8		101115 1	14/172	CIIA		2 MAULA	111 41/	11001111	2411	NI.

BP.

DHMH-16 20M (VRA 15, 4) 7/78

22c. DATE SIGNED SMANDIN 1100 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Elkton STATE Cecil 7-14-80 Immaculate Conception Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 5 1980 North East, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

tho (II) (we) lost

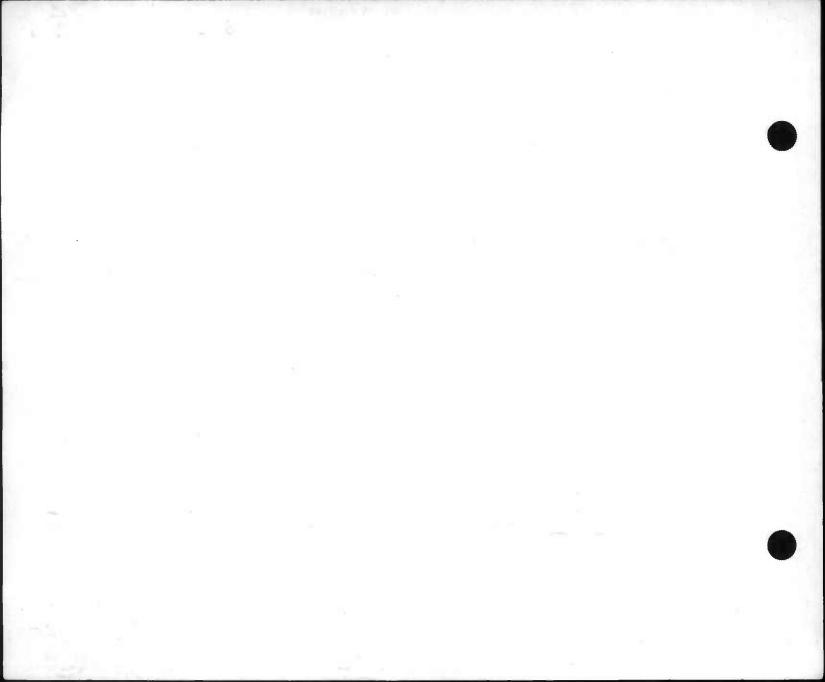
IF UNDER 24 HRS

MD.

. Die selber i dale independent Toward Manifest Labour

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO YEAR 2b. HOUR AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOURGLUIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH part 2 other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO IT 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (ass) opinion death occurred on the date and hour and from the causes stated 22L DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE REC'D.



impletely filled in by the funeral di and 2 should be filed within 72 ha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and should be detached for use as the burnal-transit permit. Then please remove author papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removant

injury, or other traum

IMPORTANT: If Item 21 is marked ar Item 18 shows ony

FOR STATE

STATE OF MARYLAND DEPA

CERTIFICATE OF DEATH	REG NO
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Э.	78013		200	

	REGISTRAR				CERTIF	ICATE OF DEA	IM	REG.	NO. 780	13	Comp	~
1. DÉ	CEASED NAME OR PRINT)	DORA		C.		PHAN		July 5th.	1980	DAY YEAR	10:5	
3 SE	X		4 RACE		5 DATE O			6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER	
	Female	- 1	Cauc	2.	TIT	h. 24th.	1993	87	YRS	MONTHS DAYS	HOURS	WIM
	RTHPLACE (STATE OR	FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8	- C NEVER WAR	NED [9 BALTIMORE CITY		Y OF DEATH		
	New Jerse	ev	U.S.	Α.	WIDOWE	d Never mare	_	Cecil				MD.
	ITY OR TOWN OF DI			HOSPITAL, NURSIN		R OTHER INSTITUT	ION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND C	F BUSINE	SSOR
Ri	sing Sun			t Manor l		ng Home	:	Housewif	e	IFE) INDUSTRY		
	AL RESIDENCE (IF NU STATE	RSING HOME OR		GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS				
De	laware	New	Castle	Newark		YES 📉 NO		106 Mulb	erry	Road		
14 FA	THER'S NAME	Α.	IDDLE	LAST		15 MOTHER'S MA	IDEN NA	ME		1.45	. 7	
	Rouff			Gottlieb		Marga	aret	111000		Weltr	ner	
	vas deceased eve yes, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU 149-09-3	3345 I	Albert .	A.S	tephan N		Centuck	y Ave	IVAI
	Canditions, if an gave rise to in cause 10% statunderlying cour	WAS CAUSED IMMEDIATI y, which nmediate ring the se last	DUE TO, OF	A CONSEQUE	nce of	corona		t failure disease				
CERTIFICATION	PART 2 OTHER SIG			TION FOR WHICH				20g AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED	H?
	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	YES NO X		ES [] PART 1 OR PART 2)	NO [
MEDICAL	21d. INJURY OCCU	RRED WHILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TO	OWN	COUNTY	STA	ATE
		sed olive on_		6/30 19 1		d that in (my) (our)	9.78) opinian d	, to	dote and ho	ur and from the		
	22b. SIGNATURE				(DEGREE	In a se			22c. DATE	SIGNED	
	James			Dm		PHYS	ICIAN X	MEDICAL ST DIRECTOR PHYS	ICIAN 🗌	7-7-	1980)
	22d.#HYSICIAN'S	()11201				22e ADDRESS						
	James R							n St. New	ark,	Delawai	re 19	<i>3</i> 711
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23€. №	IAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VR A 15 (4))

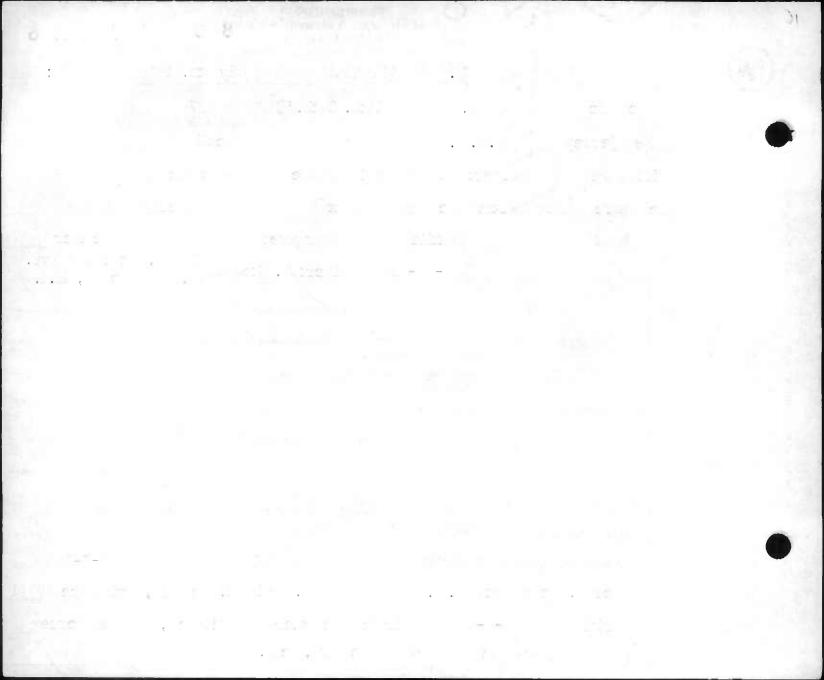
7-9-1980 Burial 24. FUNERAL DIRECTOR

Fairview Cemetery

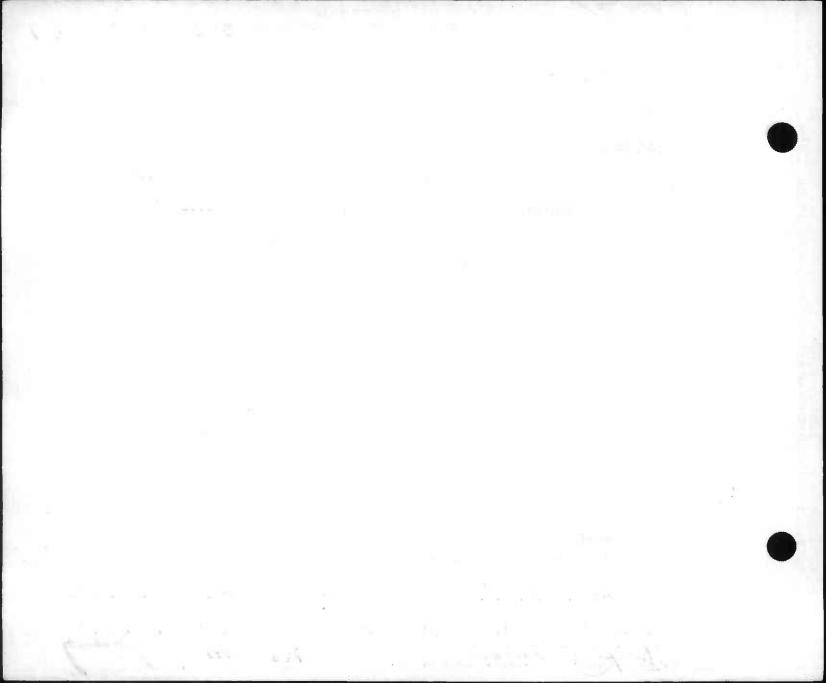
23d. LOCATION CITY OF TOWN Fairview

New Jersey

Newark, Delat 1 0 BY REGISTRAR 256, REGISTRAR'S SIGNATURE



- 1		FOR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	CIENE Q ()	1 0 0 0 3
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	18227
- 1	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
- 1	(TTPE	Annie	L	Thomas	7 -	17-80 7 P.M
	3. SE		RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
- 1		female	Negro	02-28-92	88 YR	
06	7a BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY?	9 BALTIMORE CITY OR COU	NTY OF DEATH
5		Maryland	U.S.	WIDOWED TO DIVORCED	Ceeil	MD.
0	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	RSING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
10		ELKton	Laurelwoo			
	USU.	AL RESIDENCE (IF NURSING HOME OR C TATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13e STREET ADDRESS	
5		M.C. Carol	1 100	TON YES NO		2162
	14. F#	THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
4		Frank	DOLE LAST	Unkn		EAST
0		AS DECEASED EVER IN U.S. ARA	ED FORCES? IN SOCIALS		ADDRESS	
Li	(,	ES, NO OR UNKNOWN) (# YES, GIVE	220-1	4-7139 Nursing Hom	e Records	
	-	18 CAUSE OF DEATH (Enter only	ane course per line for to 1 th	, , , , , , , , , , , , , , , , , , , ,	is Necords	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY:	181711 LODIT 7	mlunt.	BETWEEN ONSET AND DEATH
- 1		IMMEDIATE	CAUSE (0)	Chia Chamb	71100	
		4980	DUE TO, OR AS A CONSE	OUENCE OF		
- 1		Conditions, if any, which gave rise to immediate	(b)			
		couse (0), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF		
			(c)			
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	~ 7/	GIVEN IN PART 1/61
	CERTIFICATION	19a DATE OF OPERATION	e imorning	HICH OPERATION WAS PERFORMED	200 AUTOPSY! 200 IF	YES, WERE FINDINGS USED
0	ICA	196 DATE OF OPERATION	196 CONDITION FOR WE	INCH OPERATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEATH?
OA	RTI				YES NO	YES NO
9		OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUST IN ITEM	18 FART I DR FART 2)
- 4	CAI	(IF ETHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	214 PUJURY OCCURRED	21s PLACE OF INJURY (AT HOME STREET, FACTORY, OF	ZII LOCATION STREET	CITY ON TOWN	COUNTY STATE
	~	AT WORK AT WORK	M Mai. M Court M. October Or Dist	/ /		.40000000 1880098
		220.1 certify that (I) (this Kaspita	it attended the deceased for	om 2//7///10	10 /1/24W	
		tow the deceased slive on above, (I) were labeled above.	year the body filter death	9, and that in [my]-Laur.) opinior	death occurred on the date and	hour and from the causes stated
		27% SIGNATURE	1-1/	DEGREE		271. DATE SIGNED
		6/10	71 1 Jan	M. D ATTENDING	MEDICAL STAFF	7/18/1
		27d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	and a market of the second	1/10/00
-H		Dahamb I Om	M.D.	Filkton Wadi	cal Park, Elkto	n Md 21921
-	22. [Robert L. Gr URIAL CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY		H, PRG 21721
	(30 t	SPECIFY)	HEAD WAS		CITY OR TOWN	COUNTY STATE
	24 5	Burial INERACOJRECTOR	7/21/80	Gilpin Manor Memoria	1 Park Elkton	Md. 21921
4	45.0	Radal E.	Dicks ADDRESS	Air		JIJ INAK
8	H	CKS HOME for FU	NERALS, ELKTO	N. MD. AU	4	15.



executed within 24 hours ofter

OR ATTENDING PHYSICIAN. The low requires that the death certificate be

1	-	FOR STATE REGISTRAF
	ÉC	FACED NIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	U	E	0	60	la	C
4	DEC NO					

7	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	The second second
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
9	(TYPE OR PRINT)	PHILIP	VERONA	JULY 18, 19	980 9:25P
	3. SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	MALE	WHITE	FEB. 18,1911	69 YRS.	
	To. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
75	PENNA.	USA	WIDOWED DIVORCED	CECIL COUNT	
23	Perry Point	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VA Medical	NG HOME OR OTHER INSTITUTION TADDRESS) Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLERK	FRUIT
35	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO MARY LAND	or other institution, give residence befo UNTY 13c CITY OR TOV BALTIMO	ORE YES NO [136 STRECOURTS APT	FALLSTAFF MANOR C. E (21209)
C Camina	14 FATHER'S NAME FIRST HYMAN	MIOOLE VERONA	15. MOTHER'S MAIDEN NO FIRST RACHEL		UNKNOWN
2	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SEC ARMY 216 14		3018 FALLSTAFF IA APT. E. (21	
rs any injury, or at	PART 2. OTHER SIGNIFICAN Bilateral pn. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	t conditions <u>contributing to</u> eumonia Iron	clerotic Heart Dise DEATH BUT NOT RELATED TO THE TER Deficient anemia H OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION G 20a. AUTOPSY? 20b. IF Y IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
rked or Item 18 shov	THE TOTAL STATE OF THE TOTAL STA	DEATH HOUR A.M. MONTH	19 21f LOCATION	177 773	YES NO
JT: If Ifem 21 is mo	27a. I certify that IX (this ho sow the deceased alive above, (I) (we) (did) IXIX 22b. SIGNATURE	spital) attended the deceosed from on July 18 19-20 Minimum the bady after death.	January 15, 19-79- 80 and that index (our) opinion DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAFF	, 19-80, thotati (we) our and from the causes stated 22c. DATE SIGNED
MPORTANT		ENIE, M.D.		y Point, Maryland	i
	230. BURIAL, CREMATION, REMOV (SPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY OLCHE YOSHER CONG.	CITY OR TOWN	COUNTY STATE
7	24 FUNERAL DIRECTOR		STERSTOWN RD. 250. DA	TE REC'D. BY REGISTRAR 256.	Hapselina

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

retained by the hospital or attending physician.

		ENTRE - SERE	r	
	T. St. Wallet			
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		TOTAL CITY		
r 105 A Freimille		And the second	3//300	

	FOR 1 - STATE		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MEN	ITAL HYGIENE	0 1	8 2))	9
>	REGISTRAR T DECEASED NAME	FIRST	MEDICAL EXAMI	NER'S CERTIFICA	ATE OF DEAT	H REG. NO.	0 2		
2828E	(TYPE OR PRINT)	BRIAN	EUGENE	WADDELL		OF ESTI- DEATH MATED	7 9		2b. HOU
PA CORECTOR	male whi	te 5	26 61 19	· · · · · · · · · · · · · · · · · · ·	OURS MIN PR	ONOUNCED DEAD	7 2:	3 80	94:HB00
P PREST	70. BIRTHPLACE ISTATE ON	76. CITIZEN	S. A	MARRIED NEVEL	R MARRIED (ML)	ecil Count		DEATH	IM
THE FILED	HORTH E		OF HOSPITAL, NURSING HO.		FOR MOS	OCCUPATION (TYPE O		OR INDUSTR	ISINESS RY JRAL
F ANY DEL R AND 3 TO 3. RETAIN BE SHOULD BE I RECORDS.	USUAL RESIDENCE (IF IN NU	RSING HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13e. STREET		ne h	OAD	
S 1.	14. FATHER'S NAME FIRST	MIDDLE	WADDE	74 PA	MAIDEN NAME	A WIDDLE	F	12/5	
A FTE	160. WAS DECEASED EVER (YES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR			ADDRESS ADDRESS	HOTTI	PA	7
ON 31., PA 124 HOURS ITEM 18. G ILONG WIT PERMIT. PA GIENE, DIVI	18. CAUSE OF DEAT PART I DEATH W	AS CAUSED BY: , IMMEDIATE CAUSE (a)	gunshot wou					APPROXIMATE TWEEN ONSET	
ENCIL IN WINER A TRANSIT ENTAL HYC REMOVAL	Conditions, if gave rise to couse (a) stating	any, which immediate (b)							
CECUTED S. IN PE AL EXAL BURIAL-	lying couse last.	(c)	D DEATH BUT NOT RELATED TO THE TE		MEN IN PART				
BE EN DDING THE PROPERTY OF TH		CONDITIONS CONTRIBUTION II	D OCKER BOT NOT KELKTED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART I (0).				
HOULD RD "PEN USED / OF HEA AL, CREA	19a. DATE OF OPERA	TION 19b. C	CONDITION FOR WHICH OP	ERATION WAS PERFORME	D?	age.	20.	AUTOPSY?	NO [
FICATE S THE WOIL O THE OULD BE RTMENT		OR HOL	IME OF INJURY JR A.M. MONTH DAY YE P.M. 19	A80 subject	Shot	JRE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)	123 24	
WRITING THE WARDED TO WAGE 3 SHO ATE DEPARI	ONDERLYING CONTRIBUTING 21d INJURY OCCUR WHILE NOT AT WORK AT W	RED 21e P	LACE OF INJURY (AT HOME.		7 Circus E	k. Aren.E.	Cec11	Co.,	Mdate
KATE, KATE, FORVE FORVE PORVE		took charge of the rema	oins described obove, held an	Autopsy XX), In		Inquiry , and i	in my opinion		
⊒ m O = ± ×	ACTUAL SIGNATURE	Meipite	The Should	M.D. TALE (SPE	Stant	AL EXAMINER	DATE SIGNED	7-23-	80
TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH BALTIMORE, M	EXAMINER'S NAME (TYPE OR PRINT)		rita A. Korel	ADDRESS	111 Penn				
Bb———	230 BURIAL, CREMATION, R	EMOVAL 23b. DATE	ROSEZ	EMETERY OR CREMATORY	CA	ZUERT C	CEC11	- 3	70
DHMH - 17 (VR A15 ME (5)) 15M 7/77	PAME TO AR	D FUHE	RAL HOME	5 5017 250	7-15-80	GISTRAR 1258. REGIST	RAR'S SIGNA	TURE	

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05-61-61	de se s		Carrie Land
			100
	25.	There's addresses.	
		THE PERSON NAMED IN COLUMN	THE PARTY OF THE PARTY OF
		A SECTION OF PERSONS IN COMPANY IN	

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

		FOR				TATE OF M	ARYLAND AND MENTAL	HYGIENE			_	43 ***	
		STATE REGISTRAR		ME	DICAL EXAM	INER'S C	ERTIFICATE	OF DEA	H	REG. NO.	8	2 3	U
**		CEASED NAM			WIDDLE		AST	20	OF ES	OWN A		DAY YEAR	26. HOUR
ASE TOR. LES. URS EET,	2 653		CHAR]		E.		BB		DEATH MA	TED [7 NTH	16, 80	M
PIEASE UNRECTOR. CUR FILES. THOURS		ale	white	5. DATE OF BIRTH	21 59	IN YEARS IF UNI RTHDAY) MONTH YRS.		ER 24 HRS. 20 MIN. PR	DE AD		7	16 ₁₉ 80	a _M
35	6	4 mms 1 -6 6	and	USA		WIDOWI		RCED 🗆	Cecil	County	7		MD.
PAGE PAGE 301	E	TY OR TOWN 1kton		Unionth	SPITAL, NURSING HO	ESS)	R INSTITUTION	120. USUA FOR MO	ST OF WORKING	ON (TYPE OF W	ORK 12	OR INDUST	SINESS RY
2. AND 3 TO 3. RETAIN SHOULD BE AL RECORDS	130	TATE A	(IF IN NURSING NOME OF	OTHER INSTITUTION, GI	13g CITY OR TOW	WISSION)	13d. INSIDE CITY LIMITS A	13e. STREE	T ADDRESS				
PM 3. 2. 8 1. 2. 8 1. 2. 8 1. 2. 8 1. 2. 8 1. 2. 8 1. 2. 8 1. 2. 8 1. 8 1	14. F/	THER'S NAME	100	WIDDLE	(Wash		15. MOTHER'S MAII	DEN NAME	MIDDLE	G		LAST CO.	20-70
URS AFTER DE B. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	16a. V	VAS DECEASE ES, NO, OR UNKNO		VARORDATES)	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	Jac		DDRESS	95	mt	Derau
		18. CAUSE C	OF DEATH (Enter only	y ane cause per line	far (a), (b), and (c).))	CIDID	300)O(1)		10	APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
HIN 24 HOU IN ITEM 18 A ALONG SIT PERMIT. HYGIENE, I		LL 1	EATH WAS CAUSED IMMEDIATE	E CAUSE (a)	Pulmonar		ism	* VY					
			ns, if any, which	DUE TO, OR	AS A CONSEQUEN	CE OF						100	
TED PEXA IAL-1 MEI NEI OR R			se to immediate) stating the <u>under-</u> use last.		AS A CONSEQUEN	CE OF				-			
AND AND ION,	z	PART 2 DTHER SI	GNIFICANT CONDITIONS C	(c)	BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a).					
HIEF MEDINGED AS A SET HER MEDINGED AS A SET HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH O	PERATION WA	S PERFORMED?					20. AUTOPSY	?
AL OF CHIE	F											YES XX	NO 🗆
SEOSES 2		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		. MONTH DAY Y	EAR	W INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY I	N ITEM 18 PART 1	OR PART	2)	
u	MEDICAL	WHILE AT WORK	- NOT WALLE		OF INJURY (AT HOMITORY, FARM, ETC.)		ATION	(CITY OR TOWN	311	COUN	TY	STATE
INER: THIS ICATE, WR FORWAR TOR: PAGE THE STATE ND, 21201		22a. I certi	fy that I taak charge	af the remains des	cribed abave, held a	n Autops	Inspect	ian .	Inquiry _	, and in n	ny apin	ian	
MIN TIFIC		death result	ed fram Natura	al causes XX,	Accident .	Suicide	Hamicide	Undeter	mined manne				
AHHAMAHAM		ACTUAL SIGNATURE	Mouj	no là	resmell	м.і	Assista	nt_MEDIC	AL EXAMINE	R SI	ATE IGNED	7-16-	80
TO MEDICAL EXECUTE THE PAGE 4 SHO AFTER DEATH AFTER DEATH BALTIMORE, M		EXAMINER'S (TYPE OR PRI	NT)		Korell, N		DDRESS11		Stree	t			
TEMA AND A	23a. B	JRIAL CREMA	TION, REMOVAL 23	DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d, LOC/ CITY OR	TOWN	1-2	COUNT		ATE
BP	33-51	INERAL DIREC	CTOR	4000555) =1	CV	25a. DAT	E REC'D. BY RE	EGISTRAR 2	Sb. REGISTRA	R'S SIG	NATURE	<u> </u>
(VR A15 ME (5)) 15M 7/77	7	rau	rach,	MARC	21 Home	- Orde	95	OL & I	1000				4 ,

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Marie Harry Harry	THE PART TIEST AND A TOTAL TOTAL
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certificate

ATTENDING PHYSICIAN: The law aspital or attending physicion.

TO HOSPITAL OR ATTEN

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0	1	8	2	3
DEC NO			- 30	

								REG. NO.		
		CEASED NAME FIRST		MIDDLE	-	AST	20. DATE OF		DAY YEAR	2b. HOUR
			ANIEL C.	WILLIEN				JULY 24,		2:06
	3. SE)	* Male	White		S. DATE O		6. AGE (IN YE	ars last birthday) 28 yrs	MONTHS DAYS	
19		RTHPLACE ISTATE OR FOREIGN OUNTRY) PENNEALEE		S.A.	MARRIE WIDOWE		9 BALTIMOI	recity or coun	ITY OF DEATH	
2.3		Perry Point	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Cal Cent	ADDRESS)	DR OTHER INSTITUTION		CCUPATION FORMOST OF WORKING	GLIFE) 126. KIND INDUSTRY Wile	of Busines
35	130 5	al RESIDENCE (IF NURSING HOME STATE 136 COL Maryland		GIVE RESIDENCE BEFORE	Ny ,	13d INSIDE CITY LIMITS? YES NO	13e STREET	108 Perry	ville R	oad
70	14 FA	ATHER'S NAME Wallace	MIDDLE	Willi	en	15. MOTHER'S MAIDEN NA	AME +	MIDDLE	3.	ast ANMEN
1	16a V	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	215 58		V.A.M.C.Reco	ords, Pe	ADDRESS Erry Poin		Land
		15/9		R AS A CONSEQUE	ENCE OF	na of stomach	with e	xtensive		
	No	Conditions, it ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, O (b) DUE TO, O (c)	Cat R AS A CONSEQUE	ccinom	metastasis	S•		GIVEN IN PART I	(0)
2	TIFICATION	Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	CAT R AS A CONSEQUE TO THE STATE OF THE ST	CCINOM ENCE OF DEATH BUT	metastasi	S•	E OR CONDITION (GIVEN IN PART I	INGS USED
29	DICAL CERTIFICATION	Conditions, it ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O (b) DUE TO. O (c) CONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e. PLACE	CAT R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY OF INJURY	CCINOM ENCE OF DEATH BUT OPERATIO AY YEAR 19	metastasis NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION	S • MINAL DISEASE 200 AUTO YES	PSY? 20b. IF IN CER NO.	YES, WERE FIND RTIFYING CAUSE YES [] 18, PART 1 OR PART 2)	INGS USED S OF DEATH NO
297	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, O (b) DUE TO. O (c) CONDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e. PLACE	CAT R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH D. M.	CCINOM ENCE OF DEATH BUT OPERATIO AY YEAR 19	metastasis NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	S • MINAL DISEASE 200 AUTO YES	E OR CONDITION (YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH NO
29		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (#FETTHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	DUE TO, O (b) DUE TO. O (c) CONDITIONS CO 196 COND 196 COND 216. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI	CAT R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH D/ M. OF INJURY REET, FACTORY, OFFICE, F	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	metastasis NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION	200 AUTO YES RED (ENTER NAT	PSY? 20b. IF IN CER TURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FIND RTIFYING CAUSE YES [] 18, PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH NO STA
297		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216. TIME O HOUR A. P. 21e. PLACE (AT HOME, STI	CAT R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH D/ M. OF INJURY REET, FACTORY, OFFICE, F	CCINOM ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	metastasis NOT RELATED TO THE TERM NO WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 11y 24 , 19 80 and that in 16 (our) opinion DEGREE ATTENDING PHYSICIAN 1	200 AUTO YES RRED (ENTER NAT	PSY? 20b. IF IN CER TURE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 24.19 80 hour and from th	INGS USED S OF DEATH NO
29		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has saw the deceased alive a above, (If we) (did) (ASSE)	DUE TO, O (b) DUE TO. O (c) CONDITIONS CO 196 COND 196 COND 216. TIME O HOUR A. R) P. 21e. PLACE (AT HOME, STI	CAT R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F et deceased from offer death.	CCINOM ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	metastasis NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM 11 LOCATION 216 HOW INJURY OCCUR 216 LOCATION 217 LOCATION 218 LO	ZOG AUTO YES RRED (ENTER NAT death occurred MEDICAL MEDICAL MEDICAL	PSY? 20b. IF IN CER NO TURE OF INJURY IN ITEM: CITY OR TOWN JULY d on the dote and b	YES, WERE FIND RTIFYING CAUSE YES 18. PART 1 OR PART 2) COUNTY 24.19 80 hour and from th 22c. DAT Jul	INGS USED S OF DEATH NO STA'

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DHMH - 16 50M 7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR

Lee A. Patterson & Son, Perryville, Md.

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